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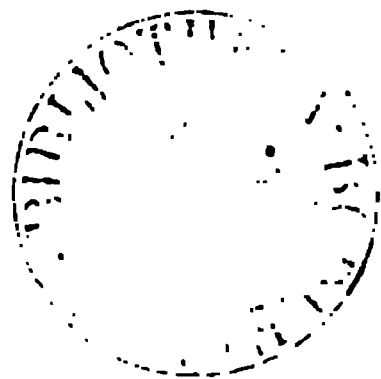
THE
Continental and British
MEDICAL REVIEW,
OR
MONTHLY
THERAPEUTICAL JOURNAL,

EDITED BY

A. M. BUREAUD RIOFREY, M. D.

MEMBER OF SEVERAL LEARNED SOCIETIES IN ENGLAND, FRANCE, BELGIUM, &c. &c.

VOL. I.



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useful. We have not been without correspondents who would have made our Journal a field for personalities, but our rule has invariably been to avoid offensive disputation, and such will continue to be our future policy.

The kind encouragement we have received leads us to increase our efforts to furnish our readers with all that is new and really valuable from the Continent, and the arrangements we have entered into with our friends abroad, will enable us to do so without delay, or fear of competition.

Our review of books is an impartial notice, not a severe and illiberal criticism: we strive to find the best, for we agree with Montesquieu, that it is more easy to criticise a work than to write one; and he who only seeks what is bad in a composition, may be compared to the vulture that leaves the living body, to feast on a carcass.

London, December, 1837.

ADDRESS OF THE EDITOR.

SCIENCE, says CABANIS, may be compared to a curious traveller gathering on his road all that is interesting: as he proceeds, his collection increases, and he is often compelled to look over it, in order to put aside what is useless; and to arrange what is valuable in a small compass, so as to be more easily conveyed.

Medical periodicals are somewhat like the curious traveller; many of them, unable to embrace all they find, shew their predilection for particular departments of the vast science of Medicine. Thus, some are engaged in medical reform, or anatomy, or physiology: some prefer statistical returns; others are specially devoted to English medical productions; some, unlike the traveller, are overloaded with useless riches.

Nevertheless, the object of Medical Science is *to cure*, but the difficulty consists in attaining this end, and this difficulty is not the same in both branches of the art of healing. Surgery generally comprises external lesions, the chief part of their indications are rational; and as the organs on which surgery operates are not always essential to life, its success is easily accounted for. Organic internal diseases are, on the contrary, in the province of medicine; the organs on which medicine acts, are mostly essential to life; nearly all of them are invisible, their indications are only experimental and consequently the progress must be very slow. Surgeons learn from theory, physicians from experience and knowledge. Suppose, for instance, a solution of continuity of the bones, of the vessels, or of the muscles, or of the skin; common sense shews the propriety, as well as the necessity of reunion, in order that adhesion may take place. If the head of the femur be out of the cotyloid cavity, it is immediately found necessary to replace it. But, in organic internal diseases, the indications are not so simple; men of the deepest penetration are sometimes unable to discover the cause of the lesions, their nature, and the origin of the symptoms that are manifest. We are indebted

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to the laborious and constant investigation of the French, for having diminished the difficulty of ascertaining the state and nature of the alterations of internal disease ; and the anatomo-pathological method has rendered the most important service to medical science. Auscultation for the chest, percussion for the hollow organs, and exploration for uterine diseases, have brought medicine to a species of surgical certitude. Nevertheless, medicine and surgery cannot be separated, but ought to be united, as in France ; for if the instrumental and manual part of surgery be easy, the treatment of a sore of a bad nature, the influence of a great operation on the whole system, some deep lesions caused by continual disease, require the united knowledge and skill of the physician and surgeon. Medicine and surgery must therefore lend each other mutual assistance, as the advancement of the one is conducive to the advancement of the other : but, as the progress of medicine depends entirely on experience, and as experience is derived from the knowledge of facts, not only numerous, but well *observed and well authenticated*, we must give our attention to cases taken from every respectable source, and as in medicine and surgery the chief object is therapeutic, to this branch of science we must look for the result of experience.

It does not suffice merely to understand the symptoms of medical or surgical diseases ; the great desideratum is to know how to *cure*. Such is the tendency of our review ; and without repudiating any part of medical science, we confess that we prefer facts to theory, utility to ornament.

The present direction of Medical Science on the continent is therapeutical, such also is ours : therefore every practitioner, without being obliged to go through elaborate theories, will find their practical results in our “ Continental and British Medical Review.”

Our personal acquaintance with the leading medical men abroad will enable us to give original communications to our readers : we shall also consider it our duty to bring forward all facts of practical interest occurring in England, thus verifying our motto, *multum in parvo* : and imitating the traveller, to whom CABANIS alludes, in collecting, on our road, only what is useful and necessary.

THE
CONTINENTAL AND BRITISH
MEDICAL REVIEW,
OR
MONTHLY THERAPEUTICAL JOURNAL.

MARCH 1, 1837.

Complete Memoir on PHTHISIS LARYNGEA, extracted from the
unedited Work of Messrs. TROUSSEAU and BELLOC, for which a
Prize was awarded by the Academy of Medicine in Paris.

*What is meant by Phthisis Laryngea? What are its Organic
Alterations? its Causes? its Species? its Termination? What
is its Treatment?*

CHAP. I.

On Definition.

THE word *phthisis* signifies consumption. Any organic alteration which may give rise either to marasm, or hectic fever, is, properly speaking, a phthisis, to whatever cause that accident may be attributed.

Some modern authors have exclusively applied the word *phthisis* to a tuberculous affection of the lungs; in our opinion this is an error, and the academy seems to agree with us in this respect. It is evident, from its association of the words *Phthisis Laryngea*, that allusion is made to the chronic disease of the larynx, which if not exclusively, at least principally, gives rise to hectic fever and consumption.

The exact definition of *Phthisis Laryngea* should therefore be chronic affection of the larynx, which may also give rise to consumption.

But the disease to which we now give our attention is seldom followed by actual consumption, as the anatomical disposition of the parts often causes death by suffocation. They may, nevertheless, be considered as victims, as, without the alteration of the larynx, suffocation would not have taken place; and then if this disease had

not caused the obstruction of the air passages, and consequently asphyxia, the patient would have gone through all the stages of marasm.

These considerations prove that our definition requires a broader basis than the one already given, and we have fixed on the following:

By Phthisis Laryngea is meant any chronic alteration of the larynx, which may give rise to consumption or death.

Galien is the first author who treats of chronic affection of the larynx: but none of the symptoms he indicates, in the two single cases he relates, can be really considered as belonging to Phthisis Laryngea.

Whatever may be the opinion of modern authors, it is certain that Actius merely copied Galien. They both considered the diseases in question easily cured. Actius says he cured a great many (*non paucos hoc modo affectos curavimus*).

Morgagni gives various accounts of chronic diseases of the larynx, and we are indebted to him for the earliest cases that positively belong to Phthisis Laryngea. Yet this author nowhere establishes the existence of Phthisis Laryngea as a special disease, which may end fatally, except by suffocation.

Borsieri is the first who positively asserts that the larynx and the trachea may become the seat of ulceration, which may engender hectic fever and death. His opinion in this respect is clearly expressed in the paragraph of his work, which we have chosen for an epigraph (*Inst. Med. Prat. tom. iv. p. 57.*) But Borsieri, notwithstanding the opinion of his great admirer, Joseph Franck, has described the Phthisis Laryngea more theoretically than practically. Many of the symptoms which he indicates as characteristic of the disease are frequently wanting. Franck himself admits this to be the case, and there are also many very important symptoms of which he makes no mention.

Besides these authors, some French practitioners have written on the ulcerations of the larynx and trachea. The most remarkable are Messieurs. Double, in 1806, Cayol, 1810, Pravaz, 1824, and, finally, M. Louis, who, in his work on Pulmonary Phthisis, has published the alterations of the larynx in tuberculous patients, which researches are extremely valuable, and merit entire dependence.

CHAP. II.

Organic Alterations.

IN this chapter we shall treat not only of the alterations of the larynx but also of those in the pharynx and trachea. Nevertheless we shall merely give our attention to diseases not immediately connected with the larynx, when it is necessary to elucidate some litigious points connected with the history of the Phthisis Laryngea.

We shall divide the diseases of the larynx in two great classes;

1st. Those that affect the mucous membrane. 2nd. Those that affect the cartilaginous affections of the mucous membrane.

Redness and Swelling.—The redness of the tissues after death is generally considered as a symptom of previous inflammation. This is undoubtedly the case, but, in our opinion, the fact of their being sometimes no traces of redness on the corpse, in the parts which, during life, were the seat of intense inflammation, has not been sufficiently noticed. The same observations are applicable to the swelling. Do we not, as soon as life is extinct, often see erysipelas and chemosis turn pale.

These observations often find their application in diseases of the larynx. We have seen patients victims to inflammation of the throat and larynx, and yet those parts that were the seat of marked inflammation and tumefaction, at a post mortem examination, were found livid. In these cases may we not naturally conclude that organs which could not be seen on the living, though inflammation was suspected, might owe their paleness to the fluids that run on the under parts.

But if redness and swelling sometimes entirely disappear after death, when they exist, their value is commensurately high. Sometimes the upper part of the larynx is of a deep red, and so hard and tumified, that it is similar to the neck of the uterus. In our own practice we have merely met with one instance of the kind.

The spotted redness so common on the inflamed tracheal membrane is seldom perceptible on the epiglottis and in the larynx. This probably depends on the lesser vascularity of the latter, whose mucous membrane is naturally dense and pale.

Ulcerations.—We shall divide the ulcerations of the mucous membrane of the air passages into erosions, and what are commonly called ulcerations. The first merely relate to the mucous membrane, the second to the cellular tissues, under mucous, or even on the fibro cartilage.

Erosions.—In erosions the mucous membrane appears as if worn out, the flat borders gradually unite with the wholesome part, so that it is impossible sometimes to discover the line of separation. But if the part be placed in water, the surface of the erosions is covered with a villous coat, similar to that found in animals of the canine breed, and which never exist in the mucous membrane of air passages in man, excepting where the epithelium has been destroyed.

Erosion does not appear to us to be the first degree of ulceration. It often happens that there are numerous and considerable erosions without ulcerations; and, again, there are frequent, deep ulcerations, in parts where no erosions are evident. In one of the patients, whose whole case we have related, and whose larynx and trachea were drawn after death, the correctness of this observation is easily ascertained; for the mucous membrane which covers the thyroid cartilage is converted into a multiplicity of ulcers, while on that which covers the thyroid cartilage there is no trace of erosion, and the tracheal

artery is covered with an innumerable quantity of erosions, but has no ulceration.

We have never observed erosions of the mucous membrane of the larynx and trachea excepting among individuals, who, besides the affection of the larynx, were afflicted with pulmonary phthisis. Is this fact to be considered as a confirmation of Mr. Louis's opinion, who believed these erosions to be due to the action of expectoration. We must admit that we have not sufficient materials to decide this question: but we beg to say it appears more rational and satisfactory to attribute this lesion to a tuberculous diathesis, whose influence in the production of ulcers of the ileon in phthisis must be undeniable.

Ulcerations.—We shall not describe ulcerations of which the form is generally known.

We have seen this species of affection invade the whole larynx, the vocal chords, the aryteno-epiglottic ligaments, and the mucous membrane which covers the epiglottis. Sometimes these ulcerations reach the cartilages, which they corrode and decay. In most cases the mucous membrane is alone destroyed, and seems evidently to be the cause of the affection: but it also frequently occurs that there are abscesses under mucus; the ulceration is then made as certain fistulous sores under the skin. We have given several cases of this sort of affection; among others one from Morgagni, Letter 15, Art. 15, and a second collected by Dr. Carmichael, and published in the Irish Transactions, 1820.

ALTERATION OF THE CARTILAGES.

Ossification of the cartilages of the larynx, which is a normal phenomenon when the individual has arrived at a certain age, often arises if the vocal organ has long been the seat of chronic inflammation. But the cartilages need not be affected with caries, the slightest ulceration, the slightest chronic inflammation of the mucous membrane which surrounds them suffice.

Analogy may be very useful in explaining this phenomenon. Is not the periosteum of a bone often infiltrated with a species of bony matter, near a fistula of long standing? And when a young woman falls a victim to an ulcerated cancer of the breast, do not the perichondrium, and even the cartilages surrounding the ulcer, leave traces of ossification not existing on the opposite side?

The pathologic mode of ossification of the cartilage of the larynx is not the same as that of the normal ossification of the fetus. The whole breadth of some parts of the cartilage is ossified; from thence proceed two thin bony layers, between which the cartilaginous portion remains. If the part be then submitted to ebullition, the cartilage comes off the bone exactly like an epiphysis.

Several of these bony parts are generally found in the same cartilage, but complete ossification only takes place at an advanced period of life. The cricoid cartilage is most frequently ossified,

then the thyroid. We have never found the arytenoid cartilages ossified.

Necrosis.—The necrosis of the cartilages of the larynx is far more frequent than most authors who have written on this subject generally suppose; it may be known by the following characters:—

1st. The necrosed part is constantly denuded, as, according to the laws of organization, the separation of the dead from the living parts must take place: the sequestre may be then rejected by the mouth, of which we have given remarkable examples; or, what more frequently occurs, it is retained, and causes fatal disorders.

2nd. The necrosed part is always ossified; this character never fails when the disease is of long standing: and it is well known that, in dangerous fevers, necrosis of the cartilage of the larynx sometimes takes place without ossification.

The production of this phenomenon seems to originate in the following manner:—

The ulceration, which most frequently causes necrosis, begins by producing an inflammation of the perichondrium, and consequently, according to the law already established, a bony effusion in the subjacent cartilage, and when the ulceration has reached the bony cartilage, necrosis easily takes place, ossification having deprived it of a great portion of its vitality.

What renders this explanation more plausible, is the well known fact that, in young subjects, ossification is difficult, and that necrosis is not found, but caries. We must also remark that the arytenoid cartilages, which we have never seen ossified, have never been found necrosed.

Caries.—This alteration has appeared to us less frequent than necrosis. It is always the result of an ulceration commencing on the mucous membrane, and has destroyed in a few months, sometimes in a few weeks, the membrane of the cellular tissue, which separated it from the cartilage. Caries can completely destroy the epiglottis, of which Joseph Franck and Mr. Louis have related several cases. It can even perforate the thyroid cartilage, of which we have given two examples, and even leave no traces of arytenoid cartilages.

We have never met with patients subject to caries, unless previously attacked with tuberculous pulmonary phthisis: it is not so with necrosis. This is a characteristic which places a striking line of demarcation between these two species of alterations.

The pathologic lesions, of which we have given a rapid sketch, create in all the adjoining parts disorders more or less remarkable. The most serious and the most frequent is undoubtedly the tumefaction of the mucous membrane, which is followed by the occlusion of the respiratory tube. In our opinion it was useless to make a special disease of that sort of swelling, called œdema of the glottis. Further on we shall give an exposition of our own views on this subject.

Foreign bodies existing in the larynx.—Foreign bodies, of different

nature, are often found in the larynx ; they may have been formed in the organ itself, or introduced into it.

Foreign bodies formed in the larynx. — Lieutaud, Bonnet, Mogagni, Desault, Pelletan, &c., have given to science very curious facts of this nature. Polypusses, vegetation, cancerous tumours, hydatides, false membranes, more or less extended, have been found in the larynx. There are examples of stones found in the cavity of the larynx, and thus preserved a long while. It is easy to foretell the accidents that may be occasioned by these morbid productions. not only on account of the local pain they cause, but they also prevent free respiration.

INTRODUCTION OF FOREIGN BODIES INTO THE LARYNX.

We have nothing new to relate respecting the accidental introduction of foreign bodies into the larynx. The multiplicity of cases of this kind render any comment of ours unnecessary, and could only tire our readers.

SHOULD PHTHISIS LARYNGEA BE SEPARATED FROM TRACHEAL PHTHISIS ?

We have replied negatively to this question for the following reasons :—

- 1st. These two lesions have the same origin and the same causes.
- 2nd. They are frequently simultaneous in the same subject.
- 3rd. The accidents they give rise to are of the same nature.
- 4th. The treatment is nearly similar.

CHAP. III.

Causes.

PHTHISIS LARYNGEA is not a special disease, but may be caused by various lesions of different nature. Owing to the organ they attack, and the functional symptom they produce, the well-known denomination of Phthisis Laryngea has been applied.

It is therefore next to impossible to study the causes which may give rise to it: for it would be necessary to review the whole of Nosology.

We have, in fact, seen Phthisis Laryngea produced by screaming, by forcing the voice too much, immoderate coitus, masturbation, exterior violence, cancer, tumours of different nature developped on the larynx, and we have given examples of all these different cases.

Besides these different causes, sex and age have great influence on the development of the Phthisis Laryngea.

Age — Nearly all the individuals mentioned by ourselves, and other authors, were at least 20, none above 50: the principal number were between 30 and 46. *Sex.*—According to Mr. Jones and Mr.

Louis's observations, it follows that among tuberculous individuals the alterations of the trachea and larynx are twice as frequent among men as among women.

The observations respecting sex or age are well conciliated ; women are much less subjected to an alteration of the vocal organs than men ; and children, whose constitutions have great analogy with women's, seem to share the same immunity.

CHAP. IV.

WE have divided Phthisis Laryngea into four sorts,

1st. Simple, viz. that produced by the common causes of general phlegmasia.

We acknowledge this first sort not only from our own observations but from those of the most noted men, among which M. M. Double, Portal, Louis and Andral.

2nd. Syphilitic. That due to venereal ulcers, either primitive or consecutive, and whether they, in the first instance, attack the larynx, or are propagated from the pharynx.

3rd. Cancerous. That which depends on the development of a cancerous tumour in the larynx.

4th. Tuberculous. That which shews itself after the existence of pulmonary tubercles have been proved.

We have seen a case of Phthisis Laryngea partaking of the nature of herpes, but we do not think a single case will suffice to establish a fifth species.

SYMPTOMS.

General symptoms are seldom seen in Phthisis Laryngea, unless the disease be at the acute state, or when anatomical disorders have attained great development. When the disease becomes chronic the local symptoms are alone perceptible, and to these symptoms the practitioner must give his whole attention.

Alteration of the sound of the voice. In the first stage the voice becomes weak and hoarse. This hoarseness is greater in the evening than in the morning, and increases when the patient goes from a warm to a cold situation; and *particularly* from a cold to a warm room.

This hoarseness is more intense if the patient be hungry ; and in women it also increases at the period of menstruation. The abuse, or sometimes the simple use of coitus, produces the same effect.

The hoarseness is intermittent in the first stage of the disease, but it soon becomes habitual, and continues so till the termination of the malady.

Aphonia. Aphonia is generally a serious symptom, often arising from a deep alteration of the larynx. We are, of course, understood to mean continual aphonia, for a simple catarrhal swelling of the mucous membrane may often occasion a total loss of voice. Aphonia, like hoarseness, is greater in the evening than in the morn-

ing; when this modification exists, there is reason to suppose that the disorders are not yet of a serious nature.

Inequality of the voice.—The voice, though sometimes merely hoarse, is generally equal in conversation; but when the patients lay a stress on certain syllables, the voice becomes shrill and squeaking.

Cough.—Coughing is usually more frequent in Phthisis Laryngea than in diseases of the chest. Its sound is always similar to that of the voice, therefore it is hoarse when the patient is hoarse, and weak when aphonia exists.

Expectoration.—Expectoration is mostly mucous, transparent and flimsy, more or less abundant according to circumstances—sometimes clotty, puriform yellow, streaked with blood. These clots are expectorated by a slight effort, unconnected with cough. This symptom shews that there is ulceration in some parts of the larynx.

Pain.—Most patients suffer but little pain; it sometimes happens that it is less at the end than at the beginning of the disease.

Swallowing causes more pain than speaking or breathing, which leads the patient to believe that lesion exists in the pharynx, not in the larynx. But it is easy to account for this phenomenon, as the pharynx completes the front part of the larynx, and the same mucous membrane covers the whole.

Symptoms ascertained by sight.—Sight affords but little assistance in the discovery of disorder existing in the larynx, nevertheless the careful examination of the throat should on no account be neglected. The disease often commences with the pharynx or its appendents, and it is right to see whether these alterations present any special characteristic. This remark is important, especially as regards Phthisis Laryngea Syphilitica. The epiglottis may sometimes be seen, though this is seldom the case. We have only met with two patients in which it was perceptible. The shape of the alteration of the epiglottis may lead to a supposition of the nature of the alteration of the larynx; an attempt to discover it should therefore always be made. The handle of a spoon should be bent, placed on the tongue, and drawn forward; then if the patient screams the fibro cartilage is perceived: it is elevated while the shriek lasts, and then falls.

Symptoms ascertained by the touch.—Some authors consider crepitation as a pathognomonic symptom of a serious alteration of the cartilages of the larynx. We do not attach the same importance to crepitation. It exists among certain individuals who have a healthy larynx, if the organ be moved: it then depends on the cartilages rubbing against the cervical vertebræ. This symptom must therefore be looked on with the greatest circumspection.

It is extremely difficult for the finger to reach the inside of the throat, as its introduction causes vomiting. Yet, by means of the finger, serious alterations of the epiglottis and the superior orifices of the larynx are sometimes ascertained.

Signs furnished by respiration.—In the first period respiration is scarcely affected, but, as the disease increases, *anhelation* or *panting* comes on, and continues till death, unless the course of the disease be arrested. This panting may depend on two causes:

1st. The patient may be already weakened by disease, then panting is caused by the diminution of muscular strength.

2nd. This oppression may be caused by the orifice of the lungs becoming small, in which case the patient, in the first instance, suffers from an attack of asthma; then all fits generally begin in the night, respiration is easier in the day.

Later on the fits increase, if the oppression is lasting, the patient requires to be propped up with pillows in bed; breathing then has a wheezing sound, and the noisy respiration is prolonged.

Real paroxysms of orthopnea then arise, during which the anxiety is extreme, and suffocation imminent. In the course of fifteen or twenty days after this period the patient generally falls a victim to suffocation.

Deglutition.—The mode of deglutition does not appear to require any great consideration as regards the form and extent of the lungs and its appendages. We have given several cases which prove that, in certain patients, the epiglottis being perfect, food, nevertheless, falls into the larynx, or returns through the nostrils; while in others, when the epiglottis is destroyed, or nearly so, deglutition takes place without difficulty.

Different symptoms according to the species of phthisis laryngea.

Phthisis laryngea syphilitica.—Phthisis laryngea syphilitica has frequently symptoms, the knowledge of which may be essentially useful; for instance, the alteration of the larynx is an extension of the disorders already found in the canals; and in this species of disease deglutition is generally more painful than in any other. The touch is of greater service here than in simple phthisis laryngea.

We have given the case of a patient, in whom we have discovered the existence of enormous vegetations on the pharynx, and even on the superior part of the larynx. This latter observation is applicable to the cancerous phthisis laryngea, but if the seat of the evil be exclusively in the larynx, and beyond the reach of the finger, the previous state of the patient and other concomitant lesions must then throw some light on the nature of the alteration. Such then, whatever may be the state of the patient, is the best mode of investigation; but when possible, the practitioner should insist on the touch.

Tuberculous Phthisis Laryngea.—Phthisis laryngea appears to us of a tuberculous nature whenever it exists with confirmed pulmonary phthisis, therefore, the symptoms of this latter affection can alone throw a light on the diagnostic.

Cancerous Phthisis Laryngea.—We should be inclined to think that this species of disease might be recognized by the touch. If a

tumour be felt in the larynx, and symptoms of cancerous affections exist at the same time, there could then be no doubt as to the nature of the disease, but these signs seldom exist simultaneously. In the case of cancerous phthisis laryngea we have given, the patient felt no lancinating pains, and that yellow complexion, generally considered as a characteristic of cancer, did not exist, an exterior tumour was manifest before we were able to decide on the nature of the case.

CHAP. V.

Termination.

1st. WE have examined in this chapter how phthisis laryngea can engender pulmonary phthisis, and again how pulmonary phthisis can give rise to phthisis laryngea; we have given our opinion on the connexion between phthisis laryngea and the swelling of the mucous membrane, improperly called œdema of the glottis, and we have said a few words respecting its cure. We find on examination in persons dying of pulmonary phthisis, that consumption is owing to other disorders besides those existing in the lungs. Thus the cough that fatigues all the muscles, fever, perspirations, diarrhoea, are more immediately fatal than pulmonary lesion itself.

We therefore conclude, that the death of a patient cannot be attributed to phthisis laryngea, if the lesion of the larynx exist alone, but it must be proved that it existed in the first instance, and gave rise to all the ensuing accidents.

We have given several remarkable cases of simple phthisis laryngea, among which is one related by Portal; death often takes place before the ulceration of the larynx has caused real consumption. The difficulty of breathing, sometimes the impossibility of deglutition, the violence of the cough, suffice to cause a fatal termination before the patient reaches a state of marasm. As to the tuberculous phthisis laryngea, the cases we have related give rise to the following reflexions:

1st. Tuberculous pulmonary phthisis generally shews itself first, and the larynx only becomes affected in the last stages.

2nd. In some peculiar cases the tuberculous lesion commences with the larynx, and invades the lungs at a later period, this, however very seldom occurs.

3rd. Sometimes the phthisis laryngea and the pulmonary phthisis arise and increase conjointly.

4. In this latter case, the lesion appears sometimes to exist exclusively in the larynx, on account of the predominance of the symptoms of the larynx, and the difficulty of ascertaining the lesion of the lungs by stethoscopic signs.

One of the most fatal results of the phthisis laryngea is the swelling of the borders of the glottis; we have devoted a whole paragraph to shew the relation existing between the disease that

authors have called *angina laryngea œdematosa*, and *phthisis laryngea*.

Connexion of angina laryngea œdematosa with phthisis laryngea.—Our limits will not permit us to enter into a discussion on this important point of pathology, we shall, therefore, merely give a slight sketch of the conclusions resulting from this discussion.

Boyle very justly divided the *angina laryngea œdematosa* into primitive and consecutive.

When primitive, it is almost constantly the result of an inflammatory fluxion of the larynx, or of the neighbouring parts, and is precisely of the same nature as those described by Boerhave.—Aph. 801—802.

When it is consecutive, that is to say, caused by an organic lesion of the larynx, or its appendages, it may be inflamed or active, or not inflamed or passive.

In the first instance, the inflammation has extended from the affected part to the mucous membrane of the larynx.

In the second, the serosity accumulated under this membrane is only owing to the congestion of liquid tumefaction round the loss of substance.

In both cases the *angina laryngea œdematosa*, having as an origin an ulcerated spot, cannot be considered as independent of inflammation.

Whatever be the cause of *phthisis laryngea*, it may justly be considered as the most frequent *occasion* of *angina laryngea œdematosa*.

Termination by cure.—The chance of saving the patient must depend on the attention given in the early stage of the disease. If the affection has made progress, and arrived at a state of marasm, there can be but little hope.

In our chapter on the treatment, there are, however, several cases in which active medicine has prevented accidents, and restored health to patients who were in imminent danger. Morgagni, (epist. 44, art. 55,) gives a remarkable example of the cure of an old man labouring under syphilis, which had brought on great alterations in the larynx.

From these considerations we may conclude, that, if, when the alteration of the larynx has reached a certain pitch, there is but little chance of saving the patient, yet all hope of success must not be given up.

CHAP. VI.

Treatment.

Repose of the Organ.—Repose of the organ is one of the most important conditions to which the patient must submit; however, Messrs. Trousseau and Belloc have given several cases which serve to prove, that cures have been obtained without this condition meeting with rigorous attention.

Antiphlogistics.—Bleeding has, in our opinion, been found the most efficacious treatment at the commencement of phthisis laryngea, we prefer bleeding in the arm; if leeches be applied to the part affected, they must be very numerous.

If there be reason to suppose that the affections of the larynx is owing to a suppression of the menses, leeches must be applied to the thighs, or to the vulva; if to a suppression of hemorrhoids they must be applied to the anus.

Emollient applications on the larynx seem to do more harm than good, owing to the quantity of blood they draw to the part affected.

Revulsives.—Revulsives are generally found much more efficacious than bleeding, when the disease is of long duration.

Thus, advantage may be derived from the application of blisters, but they must suppurate a long while; they must be put on the nucha, particularly for men who, on account of their thick beards, would be too much inconvenienced by having them on the fore part of the neck.

Setons and potential cauteries applied to the front of the neck are sometimes found very beneficial.

Revulsives applied at a distance from the affected part have never appeared to us very efficacious.

Narcotics.—Narcotics are useful to relieve pains and cough. Extract of datura stramonium and belladonna rubbed on the interior part of the neck, salts of morphia introduced by the endermic method, merit the preference.

Topical Medication.—The fumigations used in diseases of the larynx are either the vapour of pure water, or mucilaginous, or balsamic, or aromatic; the dry fumigations are the smoke of pitch, resin, snuff, jusquiam, cinnabar, sulphuric acid, &c. &c. &c.; but we have given up all these remedies, for they reach the lungs.

Topical Liquids.—The topical liquids we most frequently apply, are the solution of nitrate of silver, sublimate, sulfate of copper, or nitrate acid of mercury. We prefer nitrate of silver, from the use of which we have never met with any serious accident. The solution of sublimate, employed according to Mr. Malapert's method, in the proportion of one to eight grains of distilled water, has proved successful in some cases of syphilitic ulcerations, which we have related in our work.

To convey these topical liquids on the throat, we take a fine round sponge, six or eight lines in diameter, fastened to a bit of whalebone, forming at one end an obtuse angle of about ninety-five degrees.

By means of this small instrument, we can reach both sides of the epiglottis, the pharynx, and the upper part of the larynx.

We also adopt the following plan:—

We have had fitted to a small silver syringe, like Anel's, a canula, five inches long, and bent at the end; we fill the syringe $\frac{3}{4}$ air and $\frac{1}{4}$ solution of nitrate of silver, then the canula being introduced into

the fauces opposite the larynx, we push the piston quickly, and the liquid, mixed with the air in the syringe, falls on the upper part of the larynx and the œsophagus.

The patient immediately has a fit of coughing, which should cause no alarm; he should directly take a gargle of hydrochloric lemonade, or salt water, which decomposes the solution of nitrate of silver that is not combined to the tissues.

The numerous and very interesting cases related in our memoir prove the efficacy of this energetic remedy.

Pulverulent remedies.—In insufflations in the larynx, we frequently have recourse to pulverulent remedies of different nature; among which we shall mention, in an inverse order to their energy, subnitrate of bismuth, that may be employed pure; alum, acetate of lead, sulfate of zinc and copper.

Calomel and red precipitate have furnished very striking results in cases of syphilitic and other ulcerations of the mucous membrane of the larynx. These powders, excepting subnitrate of bismuth, may be mixed with powdered sugar candy, in various proportions suited to the activity of the remedies employed.

The *insufflations* of mercurial powder must not be repeated more than two or three times a week in the first instance. Without this precaution the injury might be increased.

General Mercurial Medication.—We have collected and annexed to our memoir a great number of cases taken in our own practice, and in that of others. These cases are highly interesting, and most decidedly prove the advantage of mercurial treatment carried even to salivation in desperate cases of phthisis laryngea. We cannot, therefore, too strongly recommend this medication for serious diseases of the larynx, whether syphilitic or not.

Tracheotomy.—Notwithstanding the ability with which the treatment may have been directed, accidents may increase, and the patient's life be endangered by the air not reaching the lungs. In this case, tracheotomy must be had recourse to, it offers a fair chance of success, and could not be neglected without a failure of duty—whatever may be the opinions of some practitioners, influenced, no doubt, by the opinions of the ancients.

We have given many instances in which the life of the patient had been saved by opening the trachea; at all events, as this operation is never performed unless there is imminent danger of suffocation, a canula should be introduced into the aperture of the trachea, and this canula should be of sufficient dimensions to permit the free passage of the air to the lungs. The physician, then, having no fear of his patient being suffocated, can employ the necessary medication for the lesion of the larynx. When the larynx can perform its functions, the canula may be withdrawn, and the wound soon heals. But if the affection has been so serious as to leave no hope that the air can ever go through the natural passage, the canula may be left in the upper part of the trachea. We have given an example of a patient who wore a silver canula ten years.

It might happen that after the operation was happily terminated, and the canula introduced, the disease was in its nature incurable. It then progresses till death becomes inevitable. Several cases of tuberculous phthisis laryngea and cancerous phthisis laryngea are of this kind ; but even then the operation is well judged, as it evidently prolongs the life of the patient.

New Treatment of EPILEPSY, by the use of Ammonia, taken internally. By MARTINET.

How to prevent Epileptic Fits.—Cases.

IN our latest writings on Epilepsy no mention is made of the use of ammonia administered internally to epileptic patients. But if practitioners have been wholly silent on the internal use of this medicine, they have recommended its external use. Pinel advises every one subject to epileptic fits, always to have a bottle of ammonia ; as soon as the patient feels the attack coming on, he should smell the ammonia.

2nd. The effect it has on the olfactory nerves prevents the attack. It is certainly not a perfect cure, for if the patient has not a sufficient quantity of ammonia, or if the strength be evaporated the attack is renewed ; while by taking due care, it is kept off ; three persons have assured me this was the case. Notwithstanding Mr Pinel's recommendation, ammonia was soon out of use, and has since fallen into complete discredit.

Georget considered it inefficacious, and I perfectly coincide with him, as I have often seen it fail in cases where the internal administration has proved most beneficial.

But as I have already observed, writers are silent on the use of ammonia employed internally. Yet many have sought in different substances that could act energetically in the stomach, the means of arresting epileptic fits in their early stages. Dumas was of this number.

There is an example of a case of epilepsy, in which the attacks were made periodical, by taking punch, and were afterwards allayed by quinine. This case is to be found in the 31st volume of the *Journal général de Médecine* ; it is there stated, that when there was the slightest suspicion of an attack, the patient immediately took a mixture of sulphuric æther, camphor, and assafetida.

Notwithstanding this indication, Dumas nowhere else speaks of this treatment to suspend the attacks of epilepsy, and even in his consultations where he enlarges on the therapeutic of this affection and in his work on chronic diseases, nor he nor his commentators, Rouzet and Berard, have made the slightest mention of it. Dr. Handel, in Hugeland's Journal gives a case which is so intimately connected with our subject, that we cannot let it pass

unnoticed, this fact proving that all diffusible liquids might have the same success as ammonia.

The following case, given by Dr. Handel, is found in the second volume of the *Bibliothèque Therapeutique*, of Mr. Bayle:—

A young lady was subject to cardialgia and violent colics, which ended in epileptic fits, all the remedies hitherto employed to avert them proved useless; as she felt the attack coming on, she was ordered to take some peppermint water, but she, by mistake, took up a bottle containing an infusion of phosphorus, with which her brother used to make physical experiments, and swallowed about an ounce of it. This *accident* prevented the fit. Later on, Dr. Handel prescribed a solution of phosphorus, to be taken every two hours, and the patient was cured. What calls for immediate attention, is the effect of the phosphorus taken during the attacks, though Dr. Handel merely quotes it to show the curative power of phosphorus when taken between the attacks.

There are many cases relative to the action of ammonia which might throw a light on the direct influence of this medicine on the encephalus. In cases of drunkenness, a few drops of this liquid suffice to annul the effects of spirituous liquors. Violent head aches are sometimes relieved by a small dose of ammonia. Whatever may be its mode of acting, whether its effects be due to the stimulus it creates in the stomach, which interrupts the morbid communication about to take place between the parts where the *aura* reaches the brain, or whether the effects depend on the direct modification it exercises on this latter organ, it is not less true that epileptic attacks are very often arrested when ammonia is taken. But let us return to the case which forms the subject of this observation.

M. — æt 35, strong constitution, and remarkable moral sensibility, born of a delicate mother, who died of consumption at thirty-five years of age. Neither of his parents or relations had been affected with cerebral diseases or nevrosis, excepting one of his sisters, who was subject to fainting, and another who, during several months, laboured under a neuralgia sciatica. Till the age of fifteen M. enjoyed excellent health, he then had an inflammation of the chest on the left side. From fifteen to twenty-one he was subject to night mare. From twenty-one to twenty-five he gave himself up to venereal excesses, without his constitution being impaired. At twenty-five he suffered from hemorrhoides which lasted till he was thirty-three. At twenty-eight, and without any apparent cause, lancinating pains were developped in the maxillary bones. These pains came on during several years, particularly in February and March; they were attributed to decayed teeth, the teeth were drawn, but no relief given; these pains were then supposed to depend on neuralgia of the face. The extract of jusquiain, taken internally, proved beneficial. These pains had lasted five years, at various intervals, when in 1827, M. suffered considerable emotion, after having, as foreman of a jury, returned a verdict of guilty, and the culprit was

to undergo capital punishment—he was suddenly seized with giddiness, paralysis of the right hand, and fell into a state of insensibility; great langour succeeded. However, M. returned home on foot, his residence was about half an hour's walk from the *Palais de Justice*. He was again seized with vertigo, paralysis of the right side of the face, the right hand and the right thigh. Afterwards these attacks came on every eight or ten days, and commenced with pains in the fingers of the right hand, which soon extended to the elbow, and shoulder; the eyelids and the muscles of the face became convulsed, a viscous saliva, with a grassy taste, ran from the mouth. During these fits, which lasted two minutes, sometimes only two seconds, M. was quite sensible, had no vertigo, but could not speak, and almost always rubbed his face, as if trying to get rid of the pain he felt there. He was bled in the arm in 1827, but found no relief, and the patient continued in the same state till the month of September.

In September 1828, M. was again on the jury, and delivered another verdict—*guilty*. After which the fits came on nearly every day with the following changes:—When there was paralysis of the arm, it was accompanied with extreme pain in the right eye and nostrils; the patient said he felt as though his eye was out, at the same time a most disagreeable smell existed, (and though M. was a great chemist he could not compare this smell to any other.) The tongue was drawn back; the intellect remained good, but, as before, the eyelids and right side of the face were convulsed, but there was no pain in any other part of the head; this was not the case afterwards. When the attacks first came on, M. rubbed his right arm, and he could not pronounce his words for some time. After one of these fits I bled him in the arm, but no benefit ensued. The fits now commenced with deep sighs, shortness of breath and difficulty of swallowing. The fits were brought on by taking spirituous liquors, coffee, warm food, mental anxiety, but most particularly lying on the left side, this occasioned a most alarming attack, from which the patient could only save himself by hastily turning on his right side. Auscultation and percussion gave us no reason to suppose the heart or large vessels were affected; their functions were in no way disturbed.

The attacks were more frequent in the morning before breakfast, and were no way influenced by coitus. After these attacks, a general tremor was felt through the whole frame, and was followed by a state of listlessness. These fits became more violent at the end of every three months, the right thigh and leg were then paralyzed, and M. remained in bed great part of the day. Towards the end of 1828, when the attacks came on, the patient fell senseless, but the pain in the eye and the nose, the disagreeable effluvia, and the copious discharge of saliva no longer existed. In January 1829 the fits came on daily, sometimes three in a day, but they were less violent. In the beginning of March strong doses of

quinine were prescribed, but finding no benefit accrue from this medicine it was discontinued at the end of three weeks. Meglin's pills were then given, and the dose increased till nausea and giddiness came on. Bleeding, and leeches on the anus were prescribed, but without any good effect; a circular blister was then applied to the right arm.

Three months passed without an attack, but the fourth month they were as frequent as usual. In July, after having held a consultation with Mr. Esquirol, the patient was advised to amuse himself with gardening; two leeches were applied to the anus daily, in order, if possible, to renew the piles, which had ceased in 1827. But this treatment proved useless. The fits continued with equal violence, cold applications were used, but without success. Then, in November 1829, ammonia was administered in the following manner:—M. always carried with him a small bottle, containing three ounces of linden water, half an ounce of syrup of althea, and twelve drops of liquid ammonia; the top of the bottle was lined with cork, and covered outside with leather, that in case of its being broken by the patient's teeth, his mouth should not be lacerated. M. was then to become used to take the bottle out of his pocket as speedily as possible, and to swallow the contents as soon as the symptoms appeared; the fit was thus prevented. The result invariably proved satisfactory, the fits did not come on so often, yet if their approach was felt they were averted by swallowing the dose contained in the bottle. But whenever there has not been time to do so, the fit has taken place as before. Several times in the night, during sleep, the patient has had an attack. Ammonia had been taken during several months; the symptoms only appeared every five or eight days, when Mr. Andrieux and myself agreed to try the effect of galvanism. One of the conductors of a pile of twenty-five pairs, but which later on was forty, was applied to the occipital region, while the other communicated with a basin of salted water, in which the right hand was placed. This galvanic action lasted ten minutes every day for two months. What merits particular attention is, that this galvanism was succeeded by somnambulism, and no recollection whatever remained of the past. For instance, if M. had made an appointment, he set out intending to keep it, and, without being aware of it, went in quite an opposite direction. The epileptic and somnambolic attacks were less frequent; the ammonia continued beneficial; and M. was on the whole considerably better, he had ceased to be a martyr to these fearful attacks. In 1833, I lost sight of this patient, his health was then good. In 1834, he had a severe pulmonary catarrh, which was unfortunately neglected; this affection increased rapidly in 1835, and Mr. M. died of consumption in that year; his medical attendant gave me this information.

I shall now merely add a few observations on ammonia, administered internally.

1st. In epileptic cases where *aura* exists, and the parts which are the seat of the *aura* are distant from the brain, and giddiness is not so sudden, ammonia taken internally will prevent the attack.

2nd. This case proving that the repetition of epileptic attacks is favourable to their return, it is, therefore, essential to keep them off as long as possible, and ammonia not only prevents the attack, but gradually proves an entire cure.

3rd. The effects of ammonia, administered internally, are more efficacious if the draughts be swallowed quickly, and reaches the stomach when the epileptic *aura* is first felt.

4th. Ammonia is found more beneficial to those patients who have frequent epileptic fits, than to those who are seldom subjected to them.

After various experiments, the following dose has proved most serviceable, and may be used in preference to any other,

Linden water ℥jss

Liquid ammonia gutt. from x to xjj.

Syrup of althea ℥ss.

This mixture must be put into a bottle, similar to the one already described, and the patient must use it the moment he feels the attack coming on; and remember that success depends on the rapidity with which the dose is swallowed. The bottle should be quickly replenished, and always ready.

Therapeutical researches on the GOUT, by PARISSET, *Perpetual Secretary of the Academy of Medicine.*

Different Phases of the Disease.—Various Treatments.—Their comparative power.

WHATEVER theory may have been adopted respecting the immediate cause and nature of the gout, the general opinion is that, in the majority of cases, there is inflammation, which however varies considerably, from the most violent, the most acute, to what we term the *cold and insensible gout*; there are a variety of shades not to be neglected, for they are all useful as indications of the treatment to be adopted. The inflammatory form, though subordinate to a particular principle, is, in the present state of science, the only one that can be combated with any hope of success. Yet there are various opinions on this essential point, but, putting aside all prejudice, I shall relate the result of my own experience:—

It is useless to give a description of a fit of the gout, as it can be found in any general medical work. I shall merely observe, that it

is important to divide the arthritic paroxysm in three periods, though, in certain cases, they succeed each other rapidly. The first period is the forerunner or symptom; the second, the climax; and the third, the end of the fit. Thus, to imitate the ancients, and recognise in a paroxysm of gout *imminence, increment, and the decline*, is by no means a frivolous and scholastic distinction.

These periods require particular attention on the part of the practitioner, not only because the therapeutic must be modified according to these three phases of the disease, but because this conduct, more or less rational in this case, will greatly influence the character of the gout, and the accidents which may arise.

It has long been noticed that, previously to an attack of the gout, the health is excellent; the equilibrium of the functions appears well established. Yet, in many cases, there are particular signs which show that the fit is coming on, these signs gouty persons never mistake. This very painful disease is usually preceded by flatulency, constipation, or weight in the epigastric region, and general discomfort. The nervous system is more excited than usual: the nerves of the parts previously affected with gout are much shaken; this symptom is known by the name *aura arthritica*, a new proof of the important part the nerves play in this disease.

The mind is also unusually excited, and the great Condé was never so witty as when threatened with a fit of the gout. The essential point is, when these warnings come on, to take proper measures to prevent the paroxysm, or at least to diminish its intensity: to accomplish which, the patient should remain in bed, and some medicine that will create perspiration should be administered; spare diet and one or two slight opening draughts will effect this purpose. I once prevented the paroxysm by binding up the threatened part; but this only occurring once, I can draw no conclusion from it. We must now suppose the paroxysm has taken place, and is in its full development. What is to be done? If the fit be light, and consequently not very painful, the practitioner should adopt the simplest means: the patient will be delivered of his gout. Perfect repose, moderate degree of heat, spare diet, soothing topical applications on the gouty part, and an entire cessation of all mental occupation will suffice. But this is not the case when the paroxysm is acute, isolated, and accompanied by feverish reaction, spasms, cramp, excruciating pain, and general discomfort.

To diminish the inflammation, and allay the pain as quickly as possible, is then the chief object. There is but one opinion as to the end, but not so as to the means, and we shall now give our attention to the three most important remedies—bleeding, purgatives, and the use of opium.

One of the most difficult and delicate questions in the therapeutic of the gout is the practice of bleeding. Systematical physiologists never hesitate one moment when there is appearance of inflammation; they bleed most copiously—but experience has shewn that these

appearances are only secondary, and the most serious consequences have resulted from irrational bleeding in a fit of the gout. The power of reaction is diminished too suddenly, the convalescence is lengthened, a predisposition to gout is engendered; fatal metastasis may arise and increase, by weakening the economy, the mobility and excitability of the nervous system. In France will be found, in the *Annals of Medicine*, two most remarkable cases on this important subject. The celebrated Turgot was a martyr to the gout. Having one of his most violent paroxysms, he consulted Bouvart, who prescribed copious bleeding, and the patient recovered. Yet later on, Turgot allowed himself to be influenced against Bouvart, and, notwithstanding his cure, condemned him for having prescribed bleeding. When he had another attack, he refused to consult Bouvart; he was not bled, and he fell a victim to his own prejudice.

Suffren, one of our most celebrated naval men, was attacked, while at Versailles, with a fit of the gout; he was bled, and almost instantly expired. This death caused considerable sensation, and the anathema against bleeding in the gout was universal.

In England, Sydenham had given up bleeding in the gout; and Scudamore positively asserts, that bleeding must not be as copious where there is gout, as in other phlegmasies: for persons afflicted with this disease, the morbid excitation has much more effect on the *nervous system* than on the heart and arteries. He adds, that sanguine plethora, which exists, is more favourably and more efficaciously combated by diuretics and purgatives, than by direct blood-letting.

In my opinion, the proper way to act in this case, as in every other, is to be guided by present circumstances; *in medium tutissimus ibis*. If the patient be young, robust and febrile, reaction is very marked, and the gout not generally moveable, bleeding is most advisable, and should be repeated if necessary. If the patient be robust, but already of a *certain age*, bleeding is advisable when the reaction is strong; while, if the patient be weak, nervous, irritable, bleeding is decidedly to be avoided. I have faithfully followed these rules in my own practice, and have never had reason to regret it.

Bleeding has certainly great attraction in one respect, it gives almost immediate relief, which is the necessary consequence of diminishing vital excitation, but the fatal results that frequently ensue show how dangerous it may prove to some persons affected with gout.

At one period, Paulmier and Barthez loudly boasted of the advantage to be derived from applying leeches to the affected part: they have been recently tried, though without success, and are now entirely given up.

Purgatives have very properly been prescribed, as they generally lessen the paroxysm. The question is, what purgatives should be employed. It cannot be denied that the most powerful have sometimes proved successful, particularly in the North of Europe, but this bold method has also its disadvantages, though, in the present day, the terror it has sometimes occasioned seems exaggerated; and

a good practitioner is no longer alarmed at the idea of inflammation resulting from taking an active purgative. It is an undoubted fact, that laxatives, taken more or less frequently, are very beneficial in relieving attacks of the gout. One drop, or two drops of the oil of *croton tiglium*, an emulsion of castor oil, tartarized lemonade, veal broth with manna, and sedlitz water, are considered the most beneficial. Calomel, which, to use the expression of an English physician, is alike *certain* and *delicate*; but it does not appear to me to have better effect than the other purgatives. As to energetic medicines they irritate the intestinal mucous, and constipation is far more difficult to remove after they have been employed. It must be allowed that energetic medicines have sometimes had great success; but it requires considerable ability, much judgment, and much experience in their management. Among these medicines may be classed water of Husson, powder of Postdam, and even preparations of colchicum, to which I shall refer later on.

Whatever may have been said of opium, particularly by Stahl, in his important thesis *di impostura opii*, it is nevertheless one of the most powerful remedies known for the gout, either as a sedative or active medicine. It has produced excellent effects in gouty persons who were extremely irritable and susceptible. Our predecessors, who have written so much on arthritic gout, were not acquainted with our preparation of opium, and found various objections to this medicine, which no longer exist. The mucous extract of opium, Rousseau's laudanum, acetate or hydrochlorate of morphia, are preferable to all others. In violent paroxysms I have often administered, with great success, these two medicines, in pills the twelfth part of a grain, to be taken every hour. But, supposing the patient to be plethoric, and that bleeding has been neglected, or that there is congestion of the blood to the head, then opium must, on no account, be employed. There are also some particular constitutions which cannot bear the smallest dose of opium, in whatever form it may be given. In these cases well prepared extract of jusquiame, of hemlock and *thredace*, so often employed formerly under the name of *lactucarium*, always produce good effects. Although diluents, in a paroxysm of gout, have been by far too much lauded, yet it would be indiscreet to entirely give them up. Thus, light beverage of elder flower water and linden, certainly contribute to diminish irritation and the spasms. I also recommend Dover's powder, by far too much neglected in France; its action may be singularly increased by a slight addition of carbonate of ammonia—soothing diluents are equally desirable. Boerhave, in his attacks of gout, always took a great deal of whey, and nothing can be better.

In England whey is mixed with champagne, and experience has shewn that this medication is very salutary: the diuretic and purgative effect must have most beneficial influence in fits of the gout.

As to topical or exterior means, so many are said to cure

paroxysms of the gout, that it would puzzle the most able practitioner on which to decide. Before we make known those sanctioned by long experience, we beg to bring forward the following rules:—

1st. The object of these different remedies should be to allay the pain, spasms, and local irritation; in fact to diminish the cruel sufferings attendant on gout.

2nd. While giving all due attention to pain, it must still be remembered that it is a bad sign when the pain disappears too suddenly. Sydenham said, “*Dolor in hoc morbo est amarissimum naturæ pharmacum qui, quo vehementior est, eo citius præterlabitur paroxismus.*” Although there may be many exceptions, yet pain, this amarissimum pharmacum, must take its course.

3rd. That when external applications are made, the state of the internal organs require particular attention; and the normal or morbid state must be ascertained during a gouty attack of the joints.

4th. In a paroxysm of gout we must feel sure that there is not a complication of other affections that would necessitate different treatment, as rheumatism, syphilis, &c.

Finally, that it is often requisite to vary external applications, according to the constitution of the patient, which may, to a certain degree, account for this numerous series of medications proposed as remedies at all times for the arthritic gout.

These rules given, we shall now name the external applications which, after a comparative examination, appear to be more efficacious, and, as it will be easily believed, are the most simple.

Plaisters—Let the affected part be covered with hot candle-grease, two or three times a-day, then surround it with *boletus*, which should afterwards be covered with oil-skin. I have always preferred this application, which can be found any where, to any other, however complicated it may be.

Poultices.—It is a vulgar error to suppose that poultices are serviceable in the gout; this is by no means the case, as they are calculated to weaken the joints, and create œdema in the limb. When poultices are applied they should be made tonic or alcholized. Jusquiam leaves, boiled in milk, with a little laudanum, may also be found useful.

Pradier’s poultice, at one time so far famed, and, since its composition has been known, so much neglected, which is generally the fate of secrets, has nevertheless produced the most beneficial results.

Liniments.—Under the name of liniments a great variety of remedies are employed; but this variety must be classed according to the symptoms. If the pain be acute, continual, and the patient irritable, narcotic liniment, oil and acetate of morphia, will procure relief; but, if there be any reason why laudanum may not be given, recourse must be had to other liniments. Much relief has been derived from the use of the following preparation:—

Distilled laurel water ℞jv.

Sulphuric ether ʒß.

Extract of Belladonna and stramonium āā ʒjj.

f. linimentum.

If the irritation and great pain be allayed, the liniments must be tonic. Soap dissolved in brandy, to which may be added a little balm, and common ammoniacal liniment, have then the most marked advantages.

Mercurial frictions.—This medication is not new, several authors have prescribed it in gout and rheumatism. Without sharing their enthusiasm, I have often seen a sudden improvement produced by these frictions. The dose is half an ounce or an ounce a-day of Neapolitan salve; and as the effect caused by this application is very prompt, or else quite useless, salivation need not be feared.

Cyanurate of potassium.—In a case of spasm and extreme pain, I very successfully applied a solution of cyanuret of potassium, in a dose of three grains to an ounce of distilled water. Yet, as this is only a solitary case in my own practice, no positive conclusion can be drawn from it. I therefore advise practitioners again to try this medication, and carefully to watch its effects.

Fumigations of tobacco.—This remedy, lately proposed by the Abbé Girod, who had tried these fumigations on himself and others, consist in exposing the affected part, for about a quarter of an hour, to fumigations of tobacco, thrown on live coals; these fumigations must be repeated two or three times in the twenty-four hours, and several days following. There is much to be said in favour of this remedy, equally simple and cheap. To prevent a return of the gout, the inventor recommends an ounce of tobacco to be boiled in water once a month, and to be used as a pediluvium.

Applications of cold water, on the suffering part, have also been used, as well as the *stillicidium frigidum*, or cold water, falling drop by drop on the swelling, and irritated parts. The success attending this treatment has been much vaunted; but, for my part, I am of the same opinion as the person who very justly observed, that when the remedy was employed the relief was never so certain as the danger. We are, nevertheless, assured that the celebrated Harvey, in order to cure a fit of the gout, exposed his legs in the open air, even in the frost, on the leads of Cockain House, where he resided; or else he plunged them into a pail of cold water, and then went to the fire-place, to warm them immediately.

At all events, whatever medication be employed during a paroxysm of gout, placing the limb in an inclined position, the heel higher than the knee, moving as little as possible, keeping the mind quiet, and following a strict diet, will tend to diminish the length and intensity of the paroxysm. As soon as this is on the decline, some practitioners fall into an error, which should be carefully avoided, they leave their patient to himself, merely recommending to him continue the remedies that have proved most successful: but this is very injudicious and prejudicial to patients always inclined to fall

into extremes, and either to make use of the affected limb too soon, or else to be over careful, and remain too quiet after an attack of gout in the joint. When it has ceased and quite on the decline, there is a sort of torpor, great sensibility and weakness. Every one who has been afflicted with gout, admits the truth of this assertion. The limb should be moved gently, as if the sensibility was excited, the pain might come on again. Thus, on the other side, if what generally happens, the patient through dread of pain, does not attempt to exert himself, but continues the emollient remedies, and keeps on the affected part an artificial heat, which always becomes morbid, it is certain, that the consecutive debility, œdema, or swelling, may become permanent. Strengthening medicines should therefore be administered to invigorate the skin, the cellular tissue, the fibrous articular apparatus, and to the *penicilles* of the capillaries more or less injected. Resolutive lotions, or what is still better, dry frictions with the hand, flannel, or a flesh brush, till a gentle heat arises, cannot be too strongly recommended. Though, after all, perhaps the best thing to be done is to bind up the affected parts with a band of linen or flannel, according to the season, and the bandage must be kept on a certain time. It is equally important for the patient to try and walk a little each day, and to bear patiently the pain or stiffness which necessarily exists in the articulations.

A medical man with whom I was well acquainted, and who was subject to attacks of the gout, always went out immediately after the inflammation had ceased. In his opinion nine out of ten gouty persons remained shut up from mere indolence and fear of pain, rather than from the real effects of the gout. Without falling into an extreme, it is true that in the articular gout it is wise to bear a little pain if there be fear of losing the use of the affected limb exposed to attacks of this disease. In fact, if after all these measures have been adopted, œdema and weakness of articulation continue, *douches* and shower baths, sulphurous water, at first light, then more active, have generally great advantages. They may then be tried, but with all the precautions already recommended in cases where plethora exists, or there is a tendency to encephalic congestions. Now, let us suppose that the paroxysm has completely disappeared, the patient is no longer in pain, he walks about with ease and flatters himself he is completely cured. But this is by no means the case, and the physician has not yet attained his object.

In this capricious disease when the inflammatory thorn has been blunted, pain diminished, all is not done; there is relief, but no cure; the root of the evil lies deeply concealed in the organism. This is so true, that the gout, like all diseases intimately connected with the great function of innervation, reappears with extreme facility under the influence of secondary causes. Having once had a paroxysm of gout, there is a liability to another more or less violent, more or less frequent. All, nevertheless, connected by the cause

which produces them, according to Sydenham, that is the true *chain* of attacks of the gout. When the disease has reached this pitch, that is to say, the paroxysms are multiplied under various forms, it is called chronic or constitutional. It is generally in this state of the constitution, or gouty diathesis, that the greatest efforts have been made to obtain a radical cure. Enlightened physicians, of great observation, clever practitioners, impudent quacks, short-sighted empirics, sowers of good and bad seed, have at different times displayed their knowledge, lauded their methods, and boasted of their remedies. Let us cast an impartial and rapid glance on the results obtained; and what has been positively acquired, such a fund of experience, essays, and observations on which the medical truth rests must undoubtedly merit examination.

(To be continued.)

Influence of certain medicines on the functions of the HEART, by
LOMBARD, de Genève.

Assafætida.—Digitalis.—Senega Polygala.

THE power of digitalis is the only one that has been appreciated as regards diseases of the central organ of circulation. M. Lombard of Geneva has been making new researches on the therapeutic actions of this substance and some others, such as assafœtida, camphor, and poligala senega. We will follow the order in which the author has made known the result of his researches.

1st. *Assafætida*.—This gum resin is endowed with remarkable properties as a remedy for the irregularity of the functions of the heart: employed externally as a plaister, it calms the palpitations which had proved beyond the reach of various other remedies. I have prescribed, says Lombard, this preparation in a great number of cases, and the patient has invariably derived benefit from it. Irregular ventricular contractions in persons who have diseases of the heart, are modified by a plaister of assafetida, which also succeeds in nervous palpitations.—The following prescription can be strongly recommended for a plaister:

Assafetida ʒjj.

Gum Ammonia ʒj.

Turpentine gutt. vj.

Yellow wax. q. s.

Taken internally *assafætida* has strong influence on the motion of the heart, calming and regulating it. Small doses make the palpitations cease, and create a state of calm even in the most irritable persons, so that assafœdita may be considered valuable in all diseases of the heart.

2nd. *Camphor*.—Given internally in doses from three to twelve grains in 20 hours, camphor seems to act in a special manner on the central organ of circulation. In persons affected with hypertrophy of the heart, dilatation of its cavities, the nervous influence is frequently

not sufficient to produce regular and complete contractions the heart then beats violently, but is unable to send the blood to the extremities. This state of discomfort, which is sometimes temporary, sometimes permanent, appears to be properly modified by camphor: a few days, even a few hours, have sufficed under this treatment to regulate the most violent ventricular contractions and shortness of breath, and irregular circulation cease after the administration of a few grains of camphor. Is the action of this medicine sedative, or stimulating? This is a question on which I cannot presume to decide; but it is evident, after the researches I have made on the treatment of diseases of the heart, that care must be taken not to prescribe lowering medicines; and that the heart hypertrofied, but with obstacles at the orifice, or with dilatation of its cavities, must be considered as a muscle fatigued by the continual efforts requisite to maintain an equilibrium between the arrival and departure of this circulatory fluid; so that it *should be* strengthened, and its weakness counteracted by tonic medicines, and its action regulated by anti-spasmodic stimulants. Thence the indication of steel and quinine in the first case, camphor and assafoetida in the second.

3. *Digitalis*.—Its sedative action on the functions of the heart is by no means constant. It seems to me to depend on the following circumstances:—

1st. The state of the stomach.

2nd. The patient's manner of living.

3rd. The doses employed.

4th. The manner in which they are administered.

When the stomach is in a state of irritation, digitalis cannot be absorbed: the circulation is then increased instead of diminished. When the stomach, without being inflamed, is tender and unable to bear medicine, digitalis causes vomiting; yet, if the remedy be persevered in, the desired result is sometimes obtained. But if the vomiting continue after the cessation of the digitalis, we must not seek antiphlogistics to allay it, but have recourse to anti-spasmodics, such as nitrate of bismuth, oxide of zinc, ether, and effervescent draughts, &c. &c.

The patient's manner of living has the strongest influence on the effects of digitalis; persons who are amused, and take a great deal of exercise, have seldom nausea or vomiting.

The doses must be regulated by the effect wished for. To produce a diuretic effect, the doses must be repeated very often in twenty-four hours; but if the palpitations are to be stopped, or the beating of the heart regulated, it is not necessary to employ very large doses. A grain taken three or four times a day, or else three or four spoons-full of a draught composed of a scruple of digitalis and six ounces of infusion, generally obtain the desired result.

The manner of administering digitalis is one of the most important points in its therapeutic history. An infusion of digitalis is a preparation which gives the most speedy symptoms of saturation: taken

as a powder it seldom causes vomiting, except the doses be very strong, or frequently repeated. What best succeeds to avoid or allay the symptoms of saturation is calcined magnesia, subnitrate of bismuth, subcarbonate of steel, and oxide of zinc. Several English practitioners have prescribed powder of calcined magnesia. I have always employed it with subnitrate of bismuth, so that I am unable to remark on its action when administered alone. Subcarbonate of steel is the best adjuvant of digitalis; to this medicine may be attributed the absence of accidents to persons who have taken digitalis daily, during several months. Oxide of zinc also arrests the symptoms of saturation of digitalis.

Senega Polygala is but little known in its therapeutical action; there are so many various opinions respecting it, that, though one of the most precious remedies medicine affords, yet it is seldom made use of. Taken as an infusion, the polygala appears to diminish the circulation, and regulate the ventricular contractions.

In persons affected with diseases of the heart, dilatation of its cavities, polygala has corrected the irregularity of the heart's pulsations, and has lessened the sanguine stasis which seemed to threaten the dissolution of the patient. The doses given, vary from twelve to twenty-four grains of polygala in the course of the day; an infusion prepared with a drachm, and four ounces of water, has been given in four-and-twenty hours.

Nervous HEAD-ACHE cured by a new method of puncture, by
M. MARTIN SOLON, Physician *à l'hospital Beaujon, à Paris*.

THE happy results of the inoculation of vaccine, induced M. Lafargue, a French physician, to try the inoculation of some other agents. This gentleman addressed several letters to the Academy of Medicine in Paris, and a report was made on the subject. As these experiments can do no harm, and as some good may result from this new method of introducing small effective doses of medicaments in the economy, we are happy to make this discovery known to our readers. The editor of this review has commenced experiments on the subject and will submit them to the Faculty.

A woman admitted into the *Hospital Beaujon*, was very subject to nervous head-ache, of which she has once been cured by the application of a blister on the temple, which was afterwards covered with an *unguentum muriatis morphia*.

Dr. Martin Solon made eight punctures in the temporal region with a lancet, impregnated with the solution of a quarter of a grain of muriatic morphia. The patient was speedily cured, but felt inclined to sleep during the day.

Fragments of DUPUYTREN'S Lectures on the Traumatic Lesions of the HEART.

THE heart may be affected with various sorts of traumatic lesions, by compression, contusion, displacement, laceration, perforation, by fire arms, or instruments of different sorts.

Permanent compression and contusion.—J. L. Petit sometime since remarked that if the fractures of the sternum were ill united, there resulted a very uncomfortable palpitation of the heart, owing to the pressure of this organ by the displaced fragment. In a case of this kind, spitting blood has also been occasioned. Dupuytren, who had deeply studied the diseases of the heart, found these observations of Petit's very correct, and had various opportunities of ascertaining the fact. Nevertheless he had seen these palpitations gradually disappear, under the influence of lowering treatment, sometimes merely by the assistance of nature. The possibility of this latter phenomenon would be easily admitted, if we recall to mind that bony fragments introduced in the chest, cease to injure the thoracic organs, as they are blunted by the repeated impulsions of the organs with which they are in contact.

The compression of the heart may also be caused by the effusion of the blood in the pericardium, which may cause instant death. (Scarpa.) Or else by the introduction of a foreign agent which remains in the neighbouring parts. The following extraordinary case was related by Dupuytren in one of his lectures:—

An officer in the army labouring under great distress of mind had resolved to destroy himself: to accomplish this purpose he thrust two long hair pins in the region of the heart. Serious thoracic accidents ensued, but the cause was unknown, for the patient kept his secret; different remedies were administered, but there was no abatement of the sufferings.

The pins were so deeply pushed in that there even remained no signs of their introduction. The primitive symptoms disappeared, but the pain continued, and the palpitations were very severe. The ensuing year this wretched man put an end to his existence in another manner. On a post mortem examination, two long hair pins were discovered in the interior of the chest near the heart, irritating this organ, in the same manner as the fragment of the sternum to which we have already alluded.

The traumatic compression may sometimes be carried so far as to cause sudden death by suffocation. In such a case pressure on the heart prevents the circulation of the blood, and of course respiration is immediately stopped. Circulation and respiration are two functions lending each other natural support, the one cannot exist without the other.—(J. Hunter on the blood.)

The following cases are related to show the justice of the previous observations:—

A young man playing at nine pins fell on a stone, and died instantly; and at the post mortem examination was found a fracture of the sternum with intro-pressure of the inferior fragment, which weighed on the heart.—(Duvernay.)

An immense stone fell on a labourer who was working in a quarry; his chest was crushed, and he died of compression of the heart.

It is much more difficult to ascertain the simple contusion of the heart, for its effects are nearly similar to the preceding lesion. When compression is carried to such an extent as to cause suffocation, it must necessarily contuse the organ on which it acts. Dupuytren said that the contusion of the heart produced by lipothymy more or less dangerous, consecutive cardites, and palpitations more or less durable, and more or less difficult to cure.

It is almost unnecessary to add what should be the treatment of compression and traumatic contusion of the heart. To attack the cause if possible, and by weakening medicine, prevent too strong a phlogistic reaction is the best, and the only principles on which the practitioner can act.

Displacement of the heart.—The permanent displacement of the heart through traumatic causes has hitherto scarcely been noticed. The following is however a remarkable example of this case:—

A young mechanic of one and twenty, was caught in the wheel of a machine, and horribly mutilated,—two of the lower ribs on the left side, and the fifth, sixth, and seventh on the right side; of the humerus of the right clavicle were fractured. Excruciating pain and pulsations similar to those caused by a foreign agent, were felt on the right side. The heart had passed to the right of the sternum. At the end of a month, the patient was better, but his respiration was oppressed, and the pulsations were felt on the right side. The slightest emotions increased their violence. Cold suddenly striking the hands or the chest, brought the patient to a state of suffocation. His health was very bad during three years: vomiting came on after every repast, and the winter was generally marked by numerous pulmonary congestions, with increase of the other symptoms, and principally great pain in the right side.

Digitalis was prescribed in doses of ten grains every night, after which dyspnoea, and the palpitations were diminished; the pulse, which was at 120 and 130, fell to 80. The chest was deformed, the lower part was dilated more than an inch, the shoulder was depressed. The left side resounds on percussion; the sound is very clear between the fifth and seventh ribs: normal situation of the heart. The noise of its contractions or pulsations is not heard in all the left side; respiration feeble. The sound from the upper part of the right lung is clear. Under the fifth rib a great sensitiveness and pain, no respiratory noise, no bronchic sound. The heart is felt, in the right mammary region, between the sixth and seventh rib, an

inch below the sternum. Its impulsion precedes, at stated intervals, the pulse of the radial artery.

After so precise an examination, the displacement of the heart could not be doubted. The normal situation of the heart had been ascertained before the accident happened. There are many well known cases of displacement of the heart, arising slowly from the development of a tumor, either solid or liquid, in the chest, but nothing of the kind has yet been published resulting from traumatic violence.

DISEASES OF THE WOMB.

Enlargement of this organ.—Necessity of exploration.

It is a well known fact, admitted by Englishmen themselves, that French practitioners have extended the limits of our acquaintance with pathology, and the internal treatment of uterine diseases: fifteen or twenty years since these diseases were imperfectly known, wrongly judged, and generally considered as cancers, thought incurable, and left to nature on account of their situation. The celebrated establishment in Paris, called *la Maternité*, so admirably conducted by Mesdames Boivin, La Chapelle, and Legrand, undoubtedly gave rise to the progress, so beneficial to humanity, of the pathology of the uterine organs, and the treatment of these diseases.

If innate modesty might lead females labouring under a direful disease, not to submit to the necessary exploration required by their medical attendant, the same motive could not exist when this task devolved upon women. In former times a feeling of decency caused females to prefer the assistance of midwives in their confinement. The first person who broke through this rule, was no model of virtue, or example for good wives and modest women, but the celebrated mistress of a mighty monarch. Foreign practitioners who visit England are forcibly struck at finding that English ladies, so lauded abroad for their sense of modesty, should be attended by men in their confinement. Far be it from us to condemn this practice, but it singularly contrasts with the aversion shewn for the necessary exploration in cases of uterine diseases, which frequently prove fatal for want of a due share of judicious attention. An accouchement is not a disease, but a natural function seldom requiring the aid of a clever practitioner—an accouchement can take place without the assistance of art; it is a well known phenomenon, and whatever relates to it, is previously understood. This is not the case with diseases of the womb, their complications are numerous: the symptoms may not lead to a knowledge of the particular state of the disease, and it may be essentially necessary for the practitioner to ascertain by the touch, or by inspection, the precise nature of the internal malady.

The learned editor of the *Medico Chirurgical Review* lately observed, that “In proportion as the alterations which constitute diseases are capable of being appreciated by the senses, our notions of

that particular malady are more determined and satisfactory. This is the advantage which surgery possesses over physic. The subjects of the former are palpable, and immediate; those of the latter more shadowy and remote; and the consequence is, that surgeons are frequently more exact in their ideas of disease than physicians are." We perfectly agree with this clever writer—such is the situation of uterine organs, that they must be considered as the province of the physician; and consequently treated according to general symptoms, in a manner more shadowy than palpable, more uncertain than certain. To take the diseases of the uterus from the hands of the surgeon who treats them surgically, or in a positive and palpable manner, to give them to the physician who treats them in a blind manner, is to diminish the chance of cure for the patient, and sacrifice to sympathy for an instinctive feeling of modesty, life's brightest treasure, *health*, which to wives and mothers must be invaluable. After these preliminary observations which are appropriated to the present subject, we shall consider the diseases of the womb in different chapters; and without being too strong partisans of the speculum, we acknowledge its utility, and think it should be employed whenever there is reason to suppose that its use may facilitate the cure of a serious disease, and that the patient is not averse to it. We are by no means of opinion that the speculum is invariably necessary in diseases of the womb, its application ought to be avoided as much as possible, and recourse should only be had to it in imperious cases where some operation is considered indispensable.

That diseases of the womb are never cured without the assistance of art is a fact admitted by all enlightened practitioners. This organ united to the whole economy on account of its sympathies, is liable to various diseases, owing perhaps to its situation, or functions it has to perform. No organ undergoes such great modifications as the uterus; and instead of the numerous affections to which it is subjected being a matter of surprise, we should rather admire the wisdom of nature which gives to the living tissues a strong power of resistance, not existing elsewhere. What organ besides the uterus could expand and contain one, two, sometimes three foetuses, and then return to its primitive form, and fulfil the same functions several times.

Madame Boivin and M. Dugés observe that the organs of generation in females are naturally liable to serious and numerous derangements: the more complicated and active is a machine, the more susceptible it is of being put out of order: and the numerous functions of the womb are necessarily, so many causes of organic and functional disease.

The womb being so important an organ, exposed to so many diseases, can we look with indifference or disdain on the means employed by the practitioner, to give to its diagnostic the certainty on which its treatment may be founded? One word more on the touch, and the speculum. In all times medical men have had recourse to

the touch. The use of the speculum may be traced to the most ancient period. Dr. Recamier, who lately introduced it into French practice, is one of the cleverest, most estimable, and most religious men of the day. We shall give a series of papers on the diseases of the womb. The 1st on the hypertrophy of the womb, without induration. 2d, of induration, with or without hypertrophy. 3rd, of canceration. 4th, of tuberculous. 5th, of schirrus. And, 6th, of various species of cancer.

By the word Hypertrophy, is understood the enlargement of the womb, fully, or partially. Hypertrophy always supposes an increase of the womb, caused by an accumulation of liquids in the capillary vessels. Later on, we shall treat of the tuberculous, or cancerous and other productions which complicate the hypertrophy.

Hypertrophy of the body of the uterus seldom takes place, hypertrophy of the neck of the uterus is very common, and requires the most speedy and judicious attention; as it is generally the forerunner of all the diseases of that organ.

Monsieur Dugés and Madame Boivin think that the enlargement of the womb is a form of the metritis; and as it would be difficult to trace the cause of it, without admitting an irritation, or excitation, we are not far from adopting this opinion, in as much as it agrees with the treatment we have generally found successful. "common induration of the womb," says Madame Boivin, "the primitive tissue is in some way obstructed by an accumulation of albuminous liquid, without material alteration of the tissue." According to Duparque, the hypertrophy of the womb is caused by œdema of the neck of the uterus, and more frequently by congestion of blood, with or without hemorrhage; we rather differ in this instance from Duparque, as we have seldom met with œdema; but frequently with various discharges of mucous matter. Whatever may be the cause of hypertrophy, the main point is to ascertain its nature, and then to adopt a proper treatment. The hypertrophy of the uterus, whether œdematous, or sanguine, or with hemorrhage, nearly always presents the same general symptoms, which can be known without exploration, by the finger or speculum.

General symptoms of the hypertrophy of the womb.—Weight on the bladder, frequent inclination to make water, attended with pain, relief when recumbent on the back, continual heat, dumb pain in the depth of the hypogastrium, pruritus, unusual warmth in the pelvis, frequent constipation, pain in defecation, weight on the sacrum, occasionally excruciating pain in the whole extent of the abdominal limbs, heaviness, pains in the groins and the lumbar region. Sometimes a slight, sometimes a continual fever; sometimes hysterical fits, principally during the presence of the catamenia; the groins painful on pressure, discharges from the womb of various nature, but seldom of blood.

Such are the general symptoms of the various alterations to which the womb is liable. Let us now inquire how to establish their diagnosis.

ferent characters, and the true diagnostic on which the indications of the treatment must be founded.

There may be inversion of the womb, preternatural growth, or polypus, or schirrus. Can the same treatment be equally well adapted for each of these different diseases? Can any intelligent physician prescribe a remedy for a disease which he only suspects, when he has it in his power to ascertain whether it really does or does not exist?

It may be thought that exploration by the finger is an easy and common task, that can be performed effectually without an acquaintance with the different physiological and pathological states of the womb,—this is by no means correct.

To elucidate this observation we shall relate a case that occurred to us in our own practise, which proves the importance of exploration by the finger, and how much habit is requisite to be well acquainted with it.

A widow lady called on us, and complained of shooting pains in the back, in the groin, in the epigastrium, constant inclination to make water, and frequent constipation; but what most distressed the patient was her inability to walk, her legs felt heavy, and she could scarcely move them; she had a slight white discharge; her hypogastrium was swelled, and seemed distended by wind. I suspected an enlargement of the womb, or a polypus, or an inversion, or a descent of the womb; unable from the symptoms, to ascertain the precise nature of the disease, I recommended an exploration by the finger, to which she would not submit. I then prescribed tepid baths, some harmless medicine, and repose on the back. A fortnight afterwards the lady returned, complained of the same uneasiness, and enumerated the same symptoms. I again assured her it was impossible to form a correct judgment of the disease, without exploration, and proposed calling in a very clever midwife. This plan met with the lady's full approbation, and at the appointed hour, on the following day, the parties met in my library, and I left the room; the exploration terminated, the midwife came to me in the adjoining apartment, and relating the result of the investigation, asserted that the lady was pregnant. I did not communicate this statement to my patient, but feeling annoyed that she should have attempted to deceive me, I merely advised her lying down as much as possible on a sofa, taking nourishing food, which I thought would probably cure her debility.

The lady returned again in a few days, and complained of the same symptoms, and that she had found no relief from my prescription. I did not expect you would be so soon cured, was my answer; a few months more must elapse ere you can be freed from all your pains; and, I added, the first step to recovery is an acquaintance with the disease. Why ask my advice without telling me your situation? The lady replied, she did not understand me. I then imparted to her the intelligence I had received from the mid-

wife. The astonishment and indignation she shewed cannot be described. She rose and said, Sir, you do not know me, you are ignorant of my name, my connexion, my situation in life, and you can have no reason to injure me. I am decidedly averse to an exploration; but I must protect my own honour. Now, Sir, judge for yourself, and appreciate the opinion of the midwife.

Let us ask whether this lady could be considered indelicate or immodest? Was not the spontaneous feeling which led her to submit to an exploration prompted by virtue? I soon perceived the midwife had been mistaken; the lady then gave me her name and address, introduced me to her family, which was highly respectable. I have continued my professional attendance; she is perfectly re-established, and I shall relate in what manner I treated and cured her.

In hypertrophy of the womb, says Lisfranc, in the exploration by the finger, the same sensation is felt as when the uterus contains an embryo of five or six weeks. Madame Boivin has advised great attention to be given, in order to distinguish the commencement of pregnancy from the diseased enlargement of the womb. The midwife I have referred to was misled, because she was only accustomed to judge the state of the womb during pregnancy, and not of diseases of the womb.*

Exploration by the finger, says Madame Boivin, can alone furnish correct indications of the state of uterine diseases.

Hooper justly observes, that hypertrophy frequently follows prolapsus of the womb. It would be more proper to say that hypertrophy of the womb generally precedes and causes prolapsus, for the weight of the uterus drags on the large ligaments, and the ligaments being more or less influenced by the disease, lose their strength, and cannot resist the unusual weight of the organ. Thus every enlargement, whatever may be its nature, is followed by prolapsus of the uterus, in a great or less degree. This state of the womb being the immediate consequence of the enlargement, by treating the enlargement the prolapsus will be cured. We insist on this point, says Lisfranc, because, in the majority of cases, the uterus is brought to its natural position. We insist on this point, continues this surgeon, because, in common practise, when prolapsus is treated, the disease is attributed to weakness of the ligaments. That there are cases of prolapsus without enlargement we readily admit, but they are very rare. In England mistakes of this kind are often made by some of our countrymen, assuming the title of French

* This reminds me of a case related by Dr. Gooch, in his excellent work on "Diseases peculiar to Women," he says, a genteel person called on him, and related the symptoms of her complaint, which were exactly those of pregnancy. She said, she was not married; but that she could not leave his house without knowing the precise nature of her complaint. Dr. G. said, he *thought* she was pregnant, but this did not satisfy her. He then told her there was only one way of determining it, which he explained. After a little agitation, she consented to an examination, which enabled Dr. Gooch to ascertain the real state of her womb.

physicians or surgeons, and ladies who have been so unfortunate as to apply to them for advice, have worn pessaries for years, which, instead of giving benefit, increase the pain and create inflammation. Therefore, the first step to be taken to obtain a diagnostic, is exploration by touch, in order to ascertain whether there be prolapsus, or misplacement; the state of the neck of the uterus, the lips more or less round, the orifice more or less deep, the consistency variable.

If pressure by the finger gives pain, and the place where the finger presses is diseased, there is also a great degree of heat. It seldom happens that the whole neck of the womb is diseased; if the neck of the uterus be indurated, unequal, and pressure by the finger gives no pain, but the patient feels occasional lancinating pains, there is reason to expect the existence of a schirrus, particularly if there be sometimes discharges of blood. If there be a polypus, the finger can easily distinguish it, because there is no orifice, and generally it is easy to attain the pedicule.

The different inversions of the womb are easily ascertained, the neck of the uterus presses on the bladder, or on the rectum, and the body of this organ is always in an opposite direction.

The hypertrophy by congestion must not be confounded with the softening of the womb, which resembles the skin of a rotten apple. Lisfranc calls this *ramollissement, cancer occulte*.

Let us now suppose, we have not met with a schirrus, nor a case of pregnancy, nor a polypus, nor any misplacement of the womb; but hypertrophy of the womb, attended with prolapsus. How are we to act. We must carefully distinguish enlargement or hypertrophy of the womb, acute inflammation, from hypertrophy, not attended with inflammation. In the first case, on the surface of the vagina, and on the neck of the uterus, there is a sensation of heat; examination per vaginam gives pain, which extends to the neck of the bladder. In the second case there is no pain, no heat; it follows, as a matter of course, that these different states require different treatment.

The surgeon of the hospital *de la Pitié* in Paris, says, that, in the first instance, recourse must be had to antiphlogistics, complete repose, emollient injections nearly cold, warm baths, slight revulsive bleeding; but if the patient be strong, plethoric, and there is feverish reaction, the treatment must commence with bleeding, emollient beverage, and complete repose of the diseased organs; light diet, consisting of milk, vegetables, white meat, and fish; nevertheless, the general habit and constitution of the patient must be considered.

This treatment is simple, but must be scrupulously and tenaciously followed; *the cure* of a disease of the womb is always longer than any other. Nothing can be done seven or eight days previous to the menses, nor while they last; and this congestion, which happens every month periodically, although physiological, exercises a pernicious influence on the permanent morbid congestion. The physician and the patient must therefore be armed with

patience. The time requisite for a cure is from one to three months. We must remember, says M. Lisfranc, that the progress of the cure cannot be ascertained by the pain, which sometimes increases as the enlargement diminishes.

This therapeutic sketch drawn by Lisfranc is not sufficiently complete, it sometimes happens that inflammatory enlargements are not modified by the means employed to subdue them, however efficacious these means may have sometimes proved. M. Duparque very justly compares inflammatory enlargement of the womb, to pneumonia with hepatisation, and glossitis, which led him to prescribe antimony or a resolute, by the endermic method, and experience has justified his expectations. It must, however, be remembered that treatment by tartarized antimony can only be had recourse to, when the acuteness of the metritis is diminished by antiphlogistics. M. Lisfranc makes no mention of local applications he appears to keep them in reserve for atonic hypertrophy. Duparque is of opinion, that in acute metritis, the effects of local bleeding are not less prompt, or less efficacious, than those induced by the friction of tartarized antimony.

One of these two opinions must be adopted, and from the numerous cases seen in the hospitals, and in our practice, we think that M. Duparque's observations are applicable only to the inflammatory enlargement, and not the simple metritis, yet general depletion must first be had recourse to.

Duparque says scarification on the neck of the uterus might be employed without fear, when the enormous enlargement of this part has not given way to the therapeutic means generally taken in similar cases. Incision might be made from the orifice to the circumference, the depth and breadth in proportion to the size of the enlargement, and they would probably leave but very slight traces; but these incisions might become ulcerations or fissures; the cicatrizing present obstacles to the dilatation of the orifice of the womb in subsequent accouchements; this method cannot therefore be adopted.

But there can be no danger attending the application of leeches; the immediate decrease of the enlargement is remarkable after evacuation of blood, not only when the neck of the womb is diseased but even when there is general metritis. It is never safe to apply more than eight or ten leeches at a time, for fear of hemorrhage.

In cases of acute metritis, the fluxionary motion must be arrested and the general symptoms moderated by the usual treatment, before recourse is had to leeches; care must be taken not to exhaust the patient.

Sanguine depletion of the neck of the uterus has proved so beneficial in the treatment of acute inflammatory enlargement, that we have no hesitation in saying that it may be considered as the best possible remedy.

When there is hypertrophy without pain, says Lisfranc, and on

slight heaviness in the pelvis, the patient is in a chronic state; revulsive bleedings, cold baths, if they suit the patient, plain shower baths, then medicinal shower baths. Fifteen leeches may be applied with benefit to the neck of the womb, to bring on a resolution; moderate exercise, dry or scarified cupping, hip baths, will entirely remove the affection. As there is no induration, bitters are prescribed, not resolatives; if there be any excoriations, the speculum may be safely applied.

In answer to the preceding observations, we need only remark that it would be difficult to apply fifteen leeches at once on the neck of the uterus; and that this operation requires the use of M. Recamier's speculum—the other instrument of this nature being open at the sides, the leeches may easily get away.

We have often prescribed leeches on the neck of the uterus, and the result has always been satisfactory; but if more than eight or ten be applied, there is no room for them in the speculum, and they drop off without taking a sufficient quantity of blood. This operation seldom lasts more than a quarter of an hour, and gives no pain. When the leeches are in the speculum, it is covered with a fine bit of linen to prevent them from falling out. The patient can hold the speculum herself, remaining covered until it is time for the medical attendant to take away the leeches. Women have so great a dread of the leeches remaining in their inside, that it is always advisable to count them before they are used, and count them as they are taken off, in order to satisfy the patient. On the whole, we think the application of leeches on the neck of the uterus, in cases of enlargement with inflammation, as rational as their application on any *inflamed tumour* on the external part of the body. Prolapsus of the womb arising from enlargement, has often been cured by leeches being applied two or three times; and precludes the necessity of wearing a pessary, which is always an uncomfortable remedy.

Note on the BLENNORRHAGIC EPIDIDYMITIS. By M. RICORD, Surgeon to the Venereal Hospital.

THE disease commonly known as *Orchite* or *venereal testicle*, &c. &c. is called Epididymitis, by Mr. Ricord, who is of opinion that the epididymis is affected, and not the testicle.

It is very seldom manifest in the first week of blennorrhagia; in three hundred cases there may be one exception. It is very common the second week, still more common the third.

The real cause of it is blennorrhagia, without which all other causes such as fatigue, constipation, &c. &c. are impotent.

The influence of blennorrhagia is so powerful and so certain, that to stop the running, is undoubtedly the surest way to prevent a tumefaction of the epididymis.

It has long been known that the left testicle is more often affected

than the right, but the reason of it had not been ascertained. Ricord thinks that it depends greatly on the manner of placing scrotum, those who place it to the left, which is most frequently done, have the epididymis to the left; those who place it to the right have the epididymis to the right.

Mr. Ricord admits of two sorts of epididymitis; one a sympathy when the epididymis is alone affected; the other of *succession* which the inflammation propagates from the urethra to the ejaculatory ducts, and from thence to the vesiculæ seminales, then to *vas deferens*, and finally, to the epididymis; if the disease be such that it extends to the adjoining parts. Sometimes the *tunica vaginæ* is inflamed, and causes all the phenomena to which the serous membranes are liable—pseudo membranes, serous matter, extravasation of blood. Sometimes no inflammation takes place, but the phenomena of sympathetic dropsy caused by want of free circulation exist.

During the epididymitis, the running diminishes, but does not cease completely; and if artificial means be used to bring it on instead of curing the epididymis, it makes it worse.

As to treatment, what best succeeds after the antiphlogistic pressure, with bands of *sparadrap* or *vigo cum mercurio*, methodically applied.

ON A NEW PESSARY,

With Four Pillars.

It would be too long to enumerate the different kinds of pessaries which have been in use from the most ancient time down to the present day. Their form has been ever varied—round, square, oblong, cylindrical—all shapes, all sizes, have been put in use, and many accidents occur. Whatever be their form they do not remain fixed when they are small, the operation of the natural functions displaces them, and they are apt to be expelled and to fall out of themselves when the woman is only walking or standing. Some, indeed, are fixed by the means of strings, tied outside, on the body; but this is an annoyance to the patient.

If they are of a larger size these inconveniences are avoided, only to give place to serious accidents. The surrounding organs are compressed, the natural functions and excretions impeded, and not unfrequently, ulcerations are brought on by the constant friction of the hard substance with which the pessary is made. The introduction itself is sometimes so painful (if it is of a large size) that it becomes, in such cases, a most unpleasant operation.

Having had frequent opportunities of witnessing the accidents caused by the common pessaries, Mrs. Robert was induced to make one of a most simple form, considering that complication must be avoided wherever it is possible. She has now made use of it

several years, and it has always answered the purpose perfectly well. Its shape is such that it cannot change its situation in the vagina, and, though of the smallest size, it is not liable to come out, unless it be the result of a violent effort. Being small and elastic every way, its introduction is scarcely perceptible to the patient, and it does not cause the least pressure on any of the organs, but, on the contrary, is more likely to yield to their momentary distension and to regain its natural shape, as soon as the impediment ceases. It abstracts, in no way, the natural exuberances from the uteri or vagina, and hardly needs to be removed, as a simple injection completely cleanses it. It requires no external ligature.

Several patients have asserted that they were not aware of the presence of a foreign body. One patient had a prolapsus twenty-six years, another fourteen, and were relieved by the pessary, from which they did not experience the slightest inconvenience.

DISCOVERIES AND IMPROVEMENTS.

On the Inoculation of MORPHIA, and several Substances.

By M. LAFARGUE DE ST. EMILION.

M. LAFARGUE DE ST. EMILION addressed several letters to the Academy of Medicine, in Paris, relative to the experiments made on the inoculation of Morphia, and other substances. The following is the result of Mr. Solon's report:—

M. Martin Solon, physician to the *Hospital Beaujon*, in Paris, began by trying the effects of puncture, without putting any thing on the lancet. He then charged the lancet with distilled water; this puncture was only attended by the usual phenomena—small transient areola; but when the puncture was made by a lancet impregnated with alcohol, there was a *papula*.

When the punctures were made with a lancet charged with a preparation of opium, there was always a *papula*, with areola, as announced by M. Lafargue, though not the same in all subjects.

Other experiments have been made, in order to ascertain if the papulæ were caused by introducing opium under the skin, and out of twenty punctures, by the belladonna, Mr. Martin Solon has seen nine papulæ from one to two lines, but generally smaller than those produced by opium, and its preparations; all were followed by erythema and pruritis.

The introduction of a mixture of stramonium and sugar, has produced a small papula, but without pruritis. The extract of hiosciami has no effect.

Strichnia has been inoculated on the spinal column by more than sixty punctures. Water has sometimes been employed as a vehicle; sometimes alcohol. Half of these punctures have given rise to the formation of circulary papulæ, from two to three lines in diameter,

with an areola rosea. Some of those papulæ had an elliptic form, and acquired the diameter of seven or eight lines.

Some of these papulæ and areola have not occasioned *pruritus*.

Four punctures made with a lancet impregnated with the oleum of euphorbia have manifested no phenomenon during the day, pruritus during the night. The following day the puncture was red, inflamed. The third day the epidermis was raised, and on each puncture was a pustula of a line and a half in diameter, umbilicated in the centre, full of purulent matter, and a painful sensation of heat.

The croton oil produced the same effects; thus the pustulæ were nearly of the same size, but were itching and painful.

The puncture of a lancet impregnated with the tart. stib. induced no phenomenon during the first forty-eight hours. After that an erythema round the puncture—pruritus, raising of the epidermis. The third day a pustula, like that produced by the pomatum stibiat.

M. Lafargue proposes taking advantage of these circumstances to ascertain in medical jurisprudence, whether, in cases of sudden death, narcotic poison has been introduced into the stomach.

These experiments should be renewed and brought forward, as it is not yet known what advantages may result from them.

M. Martin Solon tried to use them therapeutically, and we have reported a case of cure in this present number; but it is too isolated to deserve entire confidence. These punctures are on the same principle as the endermic method.

ANALYSIS OF BOOKS,

Essay on the Dissolution of the STONE. By CHEVALIER,
Member of the Academy of Medicine.

IN May, 1835, a discussion arose in the Academy of Medicine, in Paris, respecting the treatment of the Stone, by lithotripsy and lithotomy.

Cases were brought on both sides for or against each of these operations, which induced the author of the present essay to try and ascertain if the different experiments made to dissolve the stone had been sufficiently understood, and whether the stone could not be cured without employing lithotripsy or lithotomy.

In the first chapter he gives an account of the lithotriptic substances of the vegetable kingdom, and concludes that the different infusions have no power unless composed of water having the property of dissolving the stone, by weakening the urine. He then states, that M. de Jussieu, in the beginning of 1720, made known to the Royal Academy of Sciences, of which he was member, that Mr. Billeret, professor of anatomy and botany, at Besançon, had dis-

covered that the water of a rivulet, at Bougeaille, dissolved common stones, he sought to learn if it would have the same effect on the stones in the bladder, which effectively was the case; but he could not obtain the same result from the waters of the Craye, a rivulet near Bougeaille. Mr. Billeret found that when the waters of the two rivulets joined there were stony incrustations, and that any thing that fell in the water of Craye was petrified, and that the waters of Bougeaille dissolved these petrifications.

The experiments made by Mr. Billeret were repeated by M. de Monthier, professor of theology, through whose priory the waters of Bougeaille passed, who observed that the fragments of stone placed in the rivulet dissolved, but took more time than Mr. Billeret had stated, which probably may be attributed to the stones not being the same. Fragments of stone, which retained their weight in the waters of Craye, sensibly diminished if placed in water taken from a well at Besançon, yet in a less degree than if they had been put in the rivulet of Bougeaille.

Gruithuisen, who had also observed the action of water on stone, says, that, during four-and-twenty hours, he let cold well water fall, by drops, on the fragment of a stone, composed of cerate of ammonia and that this fragment which weighed twenty-four grains (one scruple) before the experiment, only weighed nineteen and a half when it was terminated, and the stone had become brittle.

Mr. Segalas also made known to the Academy of Medicine, on the 18th of October, 1835, a case of spontaneous division of the stone in the bladder, and we have since learnt that a patient, who had drank some bicarbonate of soda, and who had never undergone any operation, ejected fragments which, when united, formed a calculus.

Experiments, by injecting water, have been made by Mr. Jules Cloquet. This celebrated practitioner invented a most admirable instrument for his experiments, but fearing to employ even the weakest reactives, he used distilled water, and found its action on the stone such as to leave great hopes as to its dissolving the stone, if it be employed at the same temperature as the liquor in the bladder.

We are not acquainted with the result of Mr. J. Cloquet's last experiments, but it could be wished, for the good of mankind, that this learned surgeon should continue the researches he has commenced with so much judgment.

We have since learnt that Mr. Cloquet has not published his memoir.

Having considered the action of the mineral waters, and named the mineral waters of Coutrexeville, Plombieres, Seltz, Wichy, and those which contain alkaline carbonate, M. Chevalier proceeds to consider the action of lime water on *calculi*.

Lime water was employed by Dr. Whytt, of Edinburgh, who administered it in two different ways; by the mouth, and by the

urethra. Navier, Hales, Langrists and Butler, prescribed lime-water injections, and wrote different works to show their advantages.

Lately Segalais, Bourdois, de Lamothe, and the professor Laugier, recommended lime-water, and demonstrated its efficacy when the gravel was composed of uric acid.

In 1740 Miss Stephens received from the English government £5,000., for the receipt of a remedy to cure the stone, which was made public, and tried by many individuals suffering from calculi. Dr. Morand was desired by the Academy of Medicine, in Paris, to try the remedy: the result varied according to the constitution of the patient, the state of the stone and gravel. After several patients had tried this remedy Dr. Geoffroi concluded that it might give momentary relief, prevent the growth of the stone, but not effect a perfect cure in all cases.

Dr. Home, in his researches and observations on the Functions of the Stomach, announced that it would be possible to prevent the diseases caused by calculi, by introducing into the stomach any substance that could prevent the formation of the uric acid; and he considered this method far preferable to allowing the stone to be formed, and then dissolving it.

Home consulted Hatchett, who confirmed this opinion, and demonstrated, by different experiments, that when much acid uric was formed, magnesia could diminish it better than any alkali.

Brande also made experiments with Dr. Home, and both of these gentlemen sufficiently appreciated the result, to communicate it to the London Royal Society; and four cases were reported.

Mr. Brande concluded, from these observations, that magnesia, taken internally, was better than any other alkali, when the patient was predisposed to the formation of the uric acid.

Mr. Chevalier differs from Brande on this subject, and prefers the carbonate.

Mr. Chevalier then shows the action of the acids on the stone of the bladder. He quotes Marcet, Majendie, Leroi d'Etiolles, Fourcroy, Vauquelin, and brings forward cases in support of the action of the acids on the stone.

Mr. Chevalier gives an account of different experiments of Brande, of Marcet, on the action of potass and of soda; but they are not worthy of any particular notice.

He gives more attention to the bicarbonate of soda, or of potass, and reports twelve cases in support of the efficacy of these agents.

But what Mr. Chevalier seems most to approve, is the use of mineral waters of Vichy, and he gives several cases which seem to prove its beneficial effects.

This part of the work is new, and merits the attention of those who are interested in the subject. On the whole, we think that we may confidently expect further progress to be made on this scientific subject. The experiments of our learned master and friend, Jules Cloquet, lead us to hope that some effectual lithotriptic agent may

be discovered, and, however doubtful such a discovery may appear, we think it by no means impossible, as it cannot be questioned that gravel and stone have been diminished by the different agents mentioned.

It must never be forgotten, by all parties concerned in the treatment of the stone, that, if the catheter and the lithotome can reach the bladder they *cannot reach the kidneys*; and consequently the efforts of medical men, who seek to dissolve the stone, or prevent its formation, should not be looked on with disdain.

De la PROSTITUTION, dans la Ville de Paris, &c. &c. On Prostitution in the City of Paris, considered in reference to Public Hygiène, Morals and Administration; supported by Statistical Documents. By the late A. J. B. PARENT DUCHATELET. Paris, 1836. 2 vol. 8vo.

It required a man of undoubted probity, great judgment, and a high sense of conscientiousness, to descend into the most impure and degraded places, and to give himself up to a species of moral dissection of the most abject and cadaverous part of society. An undertaking of this revolting kind, painful to every best feeling, demanded no small degree of courage, and a virtuous man was alone competent to fulfil so arduous a task.

Mr. Parent Duchatelet, no doubt, suffered considerably from seeing vice unmasked; he had a painful duty to perform. He was to unbind the wound which dishonors all civilized nations, and expose it in all its deformity, in order to enable those persons appointed to repress licentiousness, the better to effect their object.

We shall not accompany the author through all the lupanaria of these volumes, but merely recommend their attentive perusal in the same manner as we recommended Morgagni's works. Parent Duchatelet has rendered an eminent service to science, in giving a social pathology worthy of all enlightened and benevolent individuals; and, according to the plan we have laid down, we shall, in the present work, and in all those we analyse, seek for practical utility.

It appears, from Mr. Parent Duchatelet's inquiries, that the diseases to which prostitutes are the most liable are the syphilis, and the itch; both of these diseases, but particularly the former, is the natural result of their mode of life; it is to them what the *colica pictonum* is to plumbers and painters.

The continual discharge to which public females are subjected constitutes a disease, and occurs without any organic lesion—twelve cases of this kind were observed in six months; one proved fatal.

Are these discharges to be attributed to the life these women

lead? There are innumerable proofs in favour of an affirmative answer: girls of fourteen and fifteen, who walk the town, are liable to them, but they seldom or ever occur to other females.

An observation, worthy of notice, is the disgusting species of tumour degenerating into fistula, with which prostitutes are often afflicted; the only remedy for these fistulas is to extirpate the kyst by which they are formed, or else to let them suppurate. The medical practitioners who have opened these kysts, all agree that the matter therein contained is extremely foetid. Dupuytren stated that no pathological fluid could be compared to it. This foetidity is inherent to the liquid, and cannot be attributed to the presence of the air. When the surgeons of the dispensary have to open these tumours, they make use of bistouris, with long handles, to avoid touching the liquid, the smell of which is so disgusting; without this precaution it would be impossible to get it off their hands for three or four days.

- We recommend to the faculty the perusal of the chapters which treat of the difficulty of the diagnostic in syphilitic diseases; and we think our readers will be gratified by our slight sketch of the rules to which prostitutes, in Paris, are compelled to submit.

Those guilty of the following offences are liable to imprisonment for not less than fifteen days, or more than three months:—

Shewing themselves in public places; coming out at forbidden hours; getting drunk and lying in the streets; seeking an asylum for the night with the soldiers in the barracks; walking in the streets, in the middle of the day, *à petits pas*, and staring at gentlemen, so as to attract attention.

We must say it appears to us rather severe, to expect a French woman not to take little steps; and if, in this country, staring at gentlemen was to be visited with even a punishment of fifteen days imprisonment, Regent-street would be deprived of more than half its passengers.

Tapping at the windows of their apartment, or of any public-house in which they may be found; begging; going out with low dresses, and without bonnets.

Offences of a more serious nature meet with greater punishment for instance:—A complaint was made against a woman of the town for having written to a married man, and accepted divers sums of money from him. She denied the fact, but receipts were found, and she was condemned to three months imprisonment—two months for the principal fact, and one month for having told a falsehood.

Another girl, while in prison, received considerable sums of money from the father of a family; she was condemned to a further imprisonment of two months; and the strictest orders were given that nothing should be delivered to her.

In our opinion the giver was more culpable than the receiver. In England a man might throw away his whole property; he might bring himself and his family to beggary and starvation, no one

would presume so far to interfere with the liberty of the subject as to prevent him.

The distinction between the policy of the two nations lies herein—that the French call the authority of the penal law to aid the moral in the prevention of crime, and the preservation of public decency. In England the law is of no force until an offence is committed. Lying is no offence against the law of England, which embodies in its fictions, falsehoods of the most glaring description. In fact, in the most serious moral offence against society—seduction, the law awards a compensation in no other shape than a pecuniary recompence to the parent or guardian, for loss of service. Moral offences, not amounting to a breach of the public peace, are left to self-condemnation. In France, prostitution is acknowledged and permitted under the surveillance of the police, who whitewash it over, so that the eye of modesty receives no offence. In England, where the most severe laws are in force against it, it flourishes by sufferance, in the most glaring and outrageous defiance of public decency.

To return to our immediate subject. Prostitutes seldom have children; when, however, they do become mothers, the maternal feeling is very prominent. If the parent be sent to prison, and takes her infant, it becomes a subject of amusement to all the prisoners, who are anxious to fondle it, and the mother, having no command, various disputes arise. In one instance, therefore, it was thought advisable to send the child to the Foundling Hospital, but experience soon shewed the inefficacy of such a proceeding; a revolt broke out in the prison—five or six hundred women took the mother's part; they surrounded her and her babe, made a rampart of their bodies, overwhelmed the gaolers with abuse, and it was found expedient to let the prisoner depart with her infant. Care was taken not to make a second experiment of the same kind.

One of the most frequent complaints, arising from the mode of life of the prostitute, is insanity; their melancholy and unhealthy pursuits easily account for mental aberration. An average of twenty-one prostitutes are annually received in the wards of the Saltpetriere.

We shall conclude our observations by remarking, that in France the greatest number of prostitutes are wholly uneducated: they can neither read nor write. Out of 4,470 girls, born and bred in Paris, only 110 could sign their names well. Were it possible to excuse the life these wretched females lead, ignorance would be the best apology; for it must be remembered that children who are not taught to read and write, are not taught any thing else. Their morals are neglected, they have no religious principles instilled into their minds, and they have a continual evil example before them.

In England the case is different; there are numbers of national schools of every description, infant schools, charity schools, &c. &c.,

and it would be difficult to find any girl of sixteen or seventeen who could not read and write, unless she belonged to the very lowest class of society. Nevertheless the number of prostitutes in London is immense—they have not ignorance to plead as an excuse; and the subordination in which they are held is by no means equal to that to which females of the same description are under in Paris.

On the whole, this work is fraught with interest, not only for the man of science, but for every philosophical and thinking man: it is ably written, and worthy of general attention.

PARIS AND LONDON.

PARIS.—*Academy of Sciences—Academy of Medicine—School of Medicine—Public Lectures—Comparative facility for Medical Studies in London and Paris.*

THE death of Jack, the ourang-outang, took place in Paris the beginning of last month; in consequence of a chronic hepatitis; this loss has put a momentary stop to the philosophical researches now being made on the strict affinity between *man*, and the primitive *quadrumanæ*. Should a new Jack shortly spring up, it would renew the chain of inductions of certain naturalists, and decide the question, whether the monkey issued from long and frequent degradations of man, or whether man is himself but an improved *quadrumanæ*, having gradually acquired his intellectual faculties, and at the same time great bodily improvement, as for instance in the shape of the bones, of the leg, in the development of the skull in opposition to the general atrophy of the face.

The moral, scientific, and literary education which Jack was about to receive, (in the opinion of some naturalists who do not believe that shape and intellectual faculties are innate) might have made him a perfect *gentleman*. It is undoubtedly a subject of deep regret, that Jack's decease should have prevented the solution of this problem. Jack being no more; some fossils found in America have given rise to serious debates. M. Geoffroi St. Hilaire observed that one of the fossil skulls was of the same conformation as the giraffes. M. de Blainville maintained that it was more like a stag's; the debate was very animated, but they came to no conclusion as to the venerable remains of the antediluvian world: *diluvei testes*.

Nothing very striking occurred at the academy of medicine. M. Sasse brought forward an improvement on the *percuteur* of Heurte-loup. M. Loiseau, at the conclusion of various discussions on empiema, related a case of spontaneous opening of the chest with pleuritic effusion. The patient is convalescent. M. Louis was ap-

pointed by a committee to examine the following question, Is the climate of Algiers favourable or not to consumptive individuals? M. Louis replied in the negative, and the discussion merely proved what was already fully acknowledged, viz., that the tuberculization of the lungs when in an advanced state, could not be cured by change of climate, and that perhaps death came on more rapidly in warm climates, particularly if the patients were exposed to sudden variations of temperature, owing to the current of air from the sea, or the mountains; this fact is proved beyond doubt by the number of victims sent annually from England, France, and Germany, to Hieres, Nice, and Naples.

A member of the academy has been lately much mystified. M. Oudet, a celebrated dentist, was called by one of his brother practitioners to extract the tooth of a lady who was so much terrified at the pain she was to undergo, that she was seized with spasms as soon as the dentist appeared. The Dr. proposed magnetism, to which the lady readily consented. The tooth was then extracted without causing the slightest pain; indeed the patient was not aware of the operation having been performed. The dentist was delighted; he already hoped to draw all the teeth in christendom, and thus verify the dentists' adage, "do not be afraid, I will not hurt you." But to his great sorrow he afterwards learnt the lady had only pretended to be afraid, and had the courage to bear the operation in silence. This occurrence reminds us of M. Jules Cloquet, who stated that he had amputated the breast of a lady during magnetism: comparisons have been made between this case and that of the above-mentioned dentist, and it has been said that the lady was a party to the fraud: now can it possibly be supposed, that any woman would willingly undergo so cruel an operation, merely to please the magnetisor? Besides which, as in the case related by M. Cloquet, would it be possible for a human being, however great his courage, and self command, to master every sign of sensibility, moral and physical, and to make the pulse beat regularly? A plan might be laid to mystify an individual who had to extract a tooth, but an intelligent and experienced surgeon is not so easily imposed on.

In whatever light this circumstance may be viewed, it naturally draws the attention to the question of animal magnetism, and calls at least for the investigation of upright and honourable men.

The academy, school of medicine, the army, the faculty, have lately been deprived of one of their most illustrious men, Le Baron Desgenettes—he was like one of those ancient statues the pride of Rome—he was the last of those celebrated men the revolution brought forth. Like Bichat, Cabanis, Pinel, Desgenettes brought his profession to the highest intellectual rank. Hippocrates desired the envoys of a great monarch to carry back their presents, that his services belonged to his country. Desgenettes thought every human being had a claim to his kind services, to whatever nation he might belong; and when a young hero, prompted by a barbarous and

philosophical sophistry, showed how little he valued human life, and requested Desgenettes' assistance to gain his end. Desgenettes replied, *my profession is to cure and not to destroy*: noble and sublime answer, which does honour to our times and to his country; while the service Bonaparte claimed, will ever be a spot on the star of his glory. Desgenettes reply will never be forgotten, and as a farther proof of real benevolence, he inoculated himself with the plague, thus restored courage to the soldiers, and was the salvation of the army.

Magendie has recommenced his course of lectures at the College of France, and confines himself to the question, what is the portion of phenomenon purely physical, or of general physic in the gradation of life? This learned physiologist endeavours to clear away the numerous X, that are in biology by the aid of formulas, borrowed from mathematical sciences: but we agree with him in thinking that geometry and algebra never can reach the difficult problem of the primitive cause of all organic construction: the machine exists, and to a certain degree, we may be acquainted with the machinery and its action, but how is this machinery connected and united, that is the secret: *arcanum magnum opificis summi*.

Messrs. Colte and Flourens have recommenced their lectures on embryology and ovology.

The study of natural history and comparative anatomy has attracted much more attention this year than the preceding ones. Besides the public lectures, there are now private ones; among which we have much pleasure in noticing the course of practical zootomy, by M. Boujot St. Hilaire, which has been strongly recommended by M. Magendie. There are certainly a variety of public lectures in Paris, which attract great attention; when compared with those in London, the difference is very great, and Paris seems to have the advantage; but let us not lose sight of justice. Most young Englishmen who go to Paris to study, generally lose a year either from ignorance of the language, or because they have no settled plan. When their object is to dissect, they have much less advantage than if they terminate their studies in England; for in this latter case, they can assist at the *clinique*, judge of the patient's treatment, and though they cannot take advantage of the professor's lecture, they can witness the performance of operations. But if young men come to study anatomy, dissection is as expensive as in London, for bodies are not easily obtained, unless by the assistance of the hospital pupil, (*interne*) who requires a certain sum for his demonstration. If a body costs ten shillings in Paris, and £2 in London, the proportions are nearly equal, on account of the number of pupils paying their share.

In Paris there is one very great inconvenience, which seems to have escaped notice: it is the immense distance at which the lectures are given. Suppose, for instance, that a student has to attend early in the morning at St. George's Hospital, to hear a lecture on

chemistry; and at Bartholomew's, or the North London, for surgery, then to Guy's, or Middlesex, to dissect for an hour; from thence to Westminster, for a lecture on hygiène. This is undoubtedly a great evil in Paris; and though we naturally take pride in seeing young Englishmen pay a tribute to our Parisian school, and are happy to give them all the assistance in our power, we must admit that the system of study adopted in London, causes by no means so serious a loss of time as the one established in Paris; for although there is certainly a degree of party spirit at Guy's, at St. Bartholomew's, at Middlesex, and at St. George's, yet if the pupils pay more than in Paris, they certainly have greater advantages here on the same spot; and we strongly recommend our young colleagues not to leave London or Edinburgh until they have concluded their medical studies and acquired some knowledge of the French language; then let them go to Paris as masters, not as pupils; to compare and judge, not merely to learn; and if the plea for this journey be to "dissect," they had better proceed to Naples, where the cost of a subject is sixpence. B.

LONDON.—*Learned Societies.*—*Influenza.*—*Acupuncture in Hydrocele.*—*Sir Henry Hallford and Morison.*

THE month of January has been fertile in disease. The influenza, epidemic catarrh, similar to that of 1782, 1803, and 1833, has given to some professional men an opportunity of talking of their *numerous* patients: but science has derived but little advantage from their observations.

A physician, member of the London Medical Society, having said that, in some cases of influenza, he had found bleeding advisable; his opinion was exaggerated in order to shew the danger of bleeding, and of the antiphlogistic system. Is the influenza a bronchitis, a laryngitis, a pneumonia? The answer to these questions was not easy without the assistance of post-mortem examinations, and very few post-mortem examinations have been made. Was this epidemic of an inflammatory nature or not? was a question equally important which might absolve or condemn those who professed to approve of bleeding. Yet the small number of post-mortem examinations that have been made, proved that the exclusion of the lancet might be as prejudicial as its improper use. What is most remarkable in the discussions for and against bleeding, for and against antimony, is, that, the word *indication*, has not been pronounced. Let us now ask whether there be aught but indications resulting from symptoms, and from all the means of diagnostic, to guide the practitioner. How else are they to know when to prescribe antimony, or calomel, bleeding, or purgatives? The physician must be the best judge of individualities: and as every patient has a

particular constitution and mode of life, all general rules are dangerous for less clever practitioners, and particularly for those who are too absolutely guided by the opinion of others.

There is no practical science requiring more judgment, more penetration, more real knowledge, than medicine. Every man must use his own reason according to the state of his patient; all general rules are therefore blameable. Is it not the reproach made to empirics and quacks? is it not becoming a follower of Morison to adopt the same remedy for every patient? Practitioners cannot therefore too carefully avoid a blind imitation of others—therapeutic *indications* are all individual, dependent on the cause, the nature, and gravity of the complaint; on the constitution, age, and habits of the patient; and the physician prescribing a remedy can alone judge whether it suits the patient or not.

From all that has been observed in this last epidemic it may be said, that its general character was not inflammatory; but it is certain that the influenza acted most seriously on individuals predisposed to feel its fatal effects, owing to previous diseases which had weakened the constitution, or that were organic.

These diseases required no general treatment; it was merely necessary to guard against the debility which might result from too energetic a medication, not adapted to the state and strength of the patient. The influenza has been more fatal to children under two years of age, and to aged persons between sixty and seventy; less fatal to those from seventy to eighty, and fifty to sixty; children from five to ten, and from ten to twenty, have suffered less. According to the bills of mortality, the diseases that have proved more fatal during the six weeks are—

Debility	534	Convulsions	231
Phthisis	534	Influenza	181
Asthma	357	Causes unknown	127
Inflammation	379		

If we consider that debility, phthisis, asthma, are diseases seldom requiring bleeding, it is evident that the declamations of certain practitioners have but a very slight foundation; but the portion of inflammation, convulsions, and influenza is sufficiently numerous to admit of it.

This epidemic has produced the same effects as the first autumnal winds, carried off all persons, who like the yellow leaves on the trees, only cling to life by slender ties.

Among the numerous discourses to which the influenza gave rise, no orator called attention to the sudden change of temperature of the 2nd of January, when the thermometer fell from twenty to six. This circumstance was the more remarkable, on account of a similar one taking place the 2nd January, 1782, after which an epidemic broke out at St. Petersburg, and spread all over Europe.

It had been stated, at a medical society, that there have been

cases simulating gonorrhea in young children of scrofulous habits; a little tepid goulard water sufficed to remove the discharge. We are surprised that no one should have observed that this discharge was frequently caused by the presence of worms in the bowels, and generally cured by gentle purgatives, or by bitters and anthelmintics. Very young children are sometimes affected in a similar manner during teething.

In May, 1836, Mr. Travers performed an operation of Hydrocele by puncture, in St. Thomas's Hospital; there is no account of a like operation in any English surgical treatise, to Mr. Travers, it might therefore be a novelty. Mr. Lewis claimed priority; then Mr. Keate came forward and stated, that one of his friends performed a similar operation twenty years ago. The utility of a discovery should rather be dated from the time it is acknowledged, than from the period of its invention. It is certain that Papin discovered the use of steam for machinery and vessels, but much more credit is due to Watt, who brought it forward, than to Papin, who discovered it. Thus Mr. Keate's friend may have made the discovery, but if, like Fontenelle, he will not open his hand to shew it to the public, and it remains concealed, it is valueless: discoveries must be known, and Mr. B. Travers having brought forward this mode of operation in a public hospital, is more entitled to the gratitude of his brother practitioners, than Mr. Keate's friend, who did not bring it into notice. This priority, without reference to the chinese, for whom the use of the needle and the *Moxa* are the chief therapeutic means, could be claimed by Dionis, who in 1673, in the reign of Louis 14th, a century and a half since, shewed the advantage of puncture with a needle, *commonly used in France to ascertain whether there is, or is not, water in a tumour*. It is true that Dionis threaded the needle, and thus formed a seton, but drew out the thread when the water ceased to run. It is also true, that hitherto, the French practitioners *only used the needle as a means of exploration*, but, does this fact in any way diminish Mr. Travers' merit in having endeavoured to make the operation better known?

We here wish to mention a case of puncture, in diseases of the soft cellular tissue, such as that of the eyelids, and of the prepuce. We do not pretend to have the priority in puncture, but after an acquaintance with Mr. Travers' treatment in hydrocele, it occurred to us to try puncture in a case of accidental phymosis, with swelled prepuce. Others may have performed a similar operation, but we are not aware of it. Priority is but of little importance to the patient, the object is to cure. We shall in our next number give a full account of the swelled prepuce, as well as that of the needles, which were kindly furnished us by Mr. Jules Cloquet before he left London; and we need only say, that the success of the operation fully justified our highest expectations.

A curious trial has just taken place. Mr. Morison, the famous pill merchant, brought an action against the editor of a newspaper,

who animadverted on the pernicious effects of his drugs: notwithstanding the testimony of the President of the College of Physicians, Sir Henry Hallford, and Sir Anthony Carlisle, Dr. Elliotson, Dr. Paris, Dr. James Johnson; Mr. Morison obtained £200 damages, not for selling deleterious medicine, but as a reparation for the injury done to his trade. As foreigners, we may be excused for not understanding this distinction,—it appears to us singular, that in a country like England, where the individual liberty of the lowest subject is protected, that no care should be taken of public health. Did the jury place no value on the testimony of Sir Henry Hallford and other eminent practitioners? or did the jury place the trade of a private merchant beyond the health of the community? Not long since, in Paris, a frenchman, a licensed Dr., as lawfully authorized to practise as Sir Henry himself, was condemned to imprisonment and fine, for selling quack medicines; in England, a quack comes forward, and publicly makes known that he sells annually £30,000 worth of pills, in face of the president of the College of Physicians, who proves these said pills to be deleterious, and injurious to the health of the public.

May we be allowed to inquire of what use is the Apothecary Company, and the College of Physicians? Of what avail is it to devote years to arduous study,—to spend a fortune to obtain a diploma, when it is so much easier to lay out a sum in advertisement and thus impose on the credulity of the public by selling *universal* remedies. Were such a system to exist long in England, we would say to those young men who have only the profession to depend on, leave off study; keep the fees destined for your professors; make up any sort of medicine; have the said medicine well puffed in the newspapers; and you will find yourselves on the high road to fortune; attain it much sooner than by patiently waiting till your merits and talents are appreciated; for public ignorance protects quacks, and the laws do not protect the learned.

Let the walls be covered with your name; the newspapers with your wonderful cures; but no science, no learning, which might elevate the mind, be prejudicial to success, and prevent the sale of your pills. Make them in barrels like Whitbread's, Barclay's, and Dubouché's; poison the public, and opulence will necessarily ensue.

Letter on the OPHTHALMIC ESTABLISHMENTS, in London.

By Dr. BOURJOT ST. HILAIRE. London. 1837.

WE have great pleasure in noticing the letter before us, as its characteristic is a spirit of impartiality. Dr. Bourjot St. Hilaire did not visit London with preconceived ideas, nor the fancy that nothing in the world could equal *la Belle France*; but Dr. Bourjot St. Hilaire came to England as an observer, and with the power

appreciating what was worthy of notice. Dr. Bourjot having given up his time to the skilful practice of opthalmic diseases, he directed his particular attention to the opthalmic institutions, though he did not confine himself to them alone. He says,

“ The hospitals are not so large in London as in Paris, and this is an advantage; for they are more dispersed, and more within the reach of a patient's friends—and, according to the lower class of people, they appear less like hospitals. The wards are lofty, well lighted, and do not hold more than fourteen beds; there is a wide space between them, and there are many little utensils which allow the sufferer to fancy himself *at home*. All the furniture is well painted, and therefore easily washed; the floors are of timber, and cleansed every morning—there are no offensive smells, so common in France, particularly at the *Hotel Dieu*, and which is a powerful cause of insalubrity.

“ In each ward there is a fire-place and a good fire, so that there is always boiling-water to make the tea, which is brought to the patients by their friends; and this beverage serves as diaphoretic, stimulus, diuretic, aperient, for each and all cases.

“ In fine weather there are no bed curtains, excepting for the patients who have undergone operations; besides which, at the foot of the bed, there is a screen. It would be very advisable to introduce this custom in our hospitals, particularly in the opthalmic wards: as it protects the patients from currents of air far better than curtains.”—p. 4.

Most of the English words are mis-spelt, which must be attributed to the French printers.

Dr. Bourjot St. Hilaire's observations on the medical profession are perfectly just, when he says—

“ Let it not be supposed that the practice of Medicine, in London, or in any part of England, has prompt and pleasing results for the young practitioner. The difficulties are the same in England as in France, in London as in Paris; the same jealousy, the same rivalry—in fact this fine profession does not, either in England, France, or Italy, give the advantages that might rationally be expected from a great advance of money; an education prolonged to an advanced period of life, a continual exercise of the intelligence: and medicine, destined to play so great a part in society, is frequently the most laborious, and less lucrative profession.

“ The study of anatomy offers fewer difficulties than it did some time since. The people, who make their religious prejudices give way to the wisdom of their legislators, no longer bear animosity to the professors and pupils who devote themselves to the most painful part of medical study—*anatomy*.

“ Since, by Act of Parliament, permission is granted to dissect the unclaimed bodies of persons dying in hospitals, it has now become general; and, as post-mortem examinations take place among the higher ranks, in order to guard against hereditary disease, it is probable that the prejudice will wholly disappear.

“ What admirable perseverance did it not require to conquer so many

obstacles ; and for the chiefs of the medical schools belonging to the principal hospitals to erect in each, anatomical and pathological museums may serve as models."

We shall not accompany M. Bourjot St. Hilaire in his visit to opthalmic hospitals, but we advise the perusal of his account of operations performed by Messrs. Tyrrell, Scott, Dalrymple and Murdoch, as well as those of Mr. Guthrie. His reflections and comparisons are very just, and bear the stamp of the high esteem entertained for English practitioners.

The good sense, and *bon ton* which pervades these narratives widely contrast with the false notions conceived by some French doctors, who spend a few days in London, are ignorant of the language of the country, hurry back to France, and give an incorrect account of what passes in England.

We should like to see M. Bourjot St. Hilaire's example imitated; it would put an effectual stop to the petty jealousy and rivalry of scientific members of two of the most civilized nations in the world.

MACULATED FEVER and IRISH TYPHUS, from the Clinic Lectures of Professor GRAVES.

Invasion.—Nature.—Treatment.

It is generally insidious in its first attack, and the symptoms are by means proportioned to the subsequent danger. From the third or fourth to the seventh day, generally about the latter period, an eruption of red spots appears on the skin in various parts of the body. Towards the latter stage, this fever is characterized by great nervous derangement either with or without symptoms of cerebral congestion. It rarely lasts less than fourteen or seventeen days, and very seldom terminates by a defined crisis. It has spread extensively through this country, and has been observed at Liverpool, Glasgow, Birmingham, Manchester, Edinburgh, and London. In this country it has been for many years the prevailing type, and although its spread as an epidemic may have been checked, and its course interrupted, by the occurrence of other diseases, it is always found in this country, and prevails in a distinct form. It originates spontaneously, or from contagion. From what I have seen, I have no doubt of its double origin. I am also inclined to think that it never attacks the same individual more than once, and that when a person has had the true maculated fever, he never gets it again. In this point, as well as in the eruption, it bears a close analogy to the exanthemata. It is so much more common in Ireland than in any other country of Europe, that my friend, Dr. Lombard, of Geneva, calls it the Irish typhus. Whether it be from the moisture of our climate, or from the poverty and wretchedness of the people, I know not; but it is a fact that typhus is more prevalent in this country than in any other European nation.

may be easily seen by comparing the proportion of fever patients treated in the hospitals of the various capital cities, with the number treated in the same way in Dublin. Dr. Lombard also states, that the British towns which have most intercourse with this country, have more of this fever than those which are more remote, or have less intercourse with us. Thus there is more maculated fever seen in Liverpool and Glasgow, than in Edinburgh, Birmingham, or London. He looks upon it as a fever peculiarly Irish, originating in this country as an endemic, from causes the nature of which are not well understood; and that when it appears in English or Scotch towns, it is the result of contagion imported from Ireland. You will find some very interesting observations on this subject in his papers, published in the 28th number of the Dublin Medical Journal.

In the fever of which I speak, there is nothing which would lead to the conclusion that the disease arose from inflammation. Many persons have regarded fever as produced by inflammatory affections of some organ or system of the body, and have asserted that it is in every instance preceded and accompanied by some form of local inflammation. One class of pathologists have placed the seat of this inflammation in the brain, another and a more numerous class in the digestive system; and all have believed that inflammatory action, whether limited to one or more organs, is the cause of fever. No opinion can be more unfounded, so far as typhus is concerned. Local congestion and inflammation may and do frequently arise in fever, but they are merely superadded to it, and form no part of its essence. I have now witnessed many cases in which fever ran through its course to a fatal termination without any distinct evidence of local inflammation or even congestion; and I have dissected numerous cases of fever in which there was not any appreciable trace of inflammatory action in the organs of the three great cavities.

Now, when called on to treat a case of fever, there are several things which require your attention. In the first place, you should examine the state of the family arrangements. This is a matter which men are apt to overlook or treat as a matter of indifference, but in my mind it is of no ordinary importance, and should always be attended to. You should never, if possible, undertake the treatment of a fever where the friends or relations of the patient supply the place of a regular fever nurse. The mistaken tenderness of relatives, and their want of due firmness, presence of mind, and experience, will frequently counteract your exertions and mar your best efforts. Affection and sorrow cloud the judgment, and hence it is that very few medical men ever undertake the treatment of dangerous illness in the members of their own families. The sympathy which a nurse should have for her patient should be grounded on a general anxiety to serve, and a strict sense of duty, as well as a laudable desire of increasing her own reputation; it is, in fact, a sympathy analogous to that which a physician should have. Again, it will not do to have a nurse who has been usually employed in other diseases; your assistant must be a regular fever nurse, and the man who undertakes the treatment of a long and dangerous case of fever without such an assistant, will often have cause to regret. I could mention to you many cases illustrative of the truth of this assertion. I could tell you, that where I have permitted the continuance of the services of one of the family, or of a common nurse, I have been almost invariably annoyed and disappointed. I now make it a general

rule to refuse attending any dangerous and protracted case of fever without a properly qualified nurse.

In the next place, when treating a case of bad typhus, do not think that it will be sufficient to see your patient once a day. But you will say, perhaps, that our hospital patients here do very well, and yet they are visited only once in the twenty-four hours. True,—but then you have experienced nurses to look after them at all hours; we have the valuable surveillance of our apothecary, Mr. Parr; we have the attendance of the resident pupils, and the gentlemen who take charge of the cases. You see, then, that they do not depend on a solitary visit.

One or two more observations of a general nature. Some persons have such a terror of foul air in cases of fever, that you will find all the windows in the house thrown open, not even excepting those of the patient's bed-chamber, and wherever you turn, you are sure to meet with a current of air. Now this is an unnecessary practice, likely to entail disease on the family, and local inflammation on the patient. The bed-room of a patient labouring under fever should be well aired, but without what is termed thorough air, and it should, if possible, be a quiet back room, away from the street. In the next place it should be sufficiently large to hold two bedsteads conveniently; and you should order the attendants to have two well-aired beds in readiness, from one of which the patient should be changed to the other every twelve or twenty-four hours. You can scarcely have an idea of the comfort this affords to a person in fever. The room can be kept properly ventilated by a fire, and the temperature can be regulated by a thermometer. Some persons are in the habit of constantly sprinkling the room with vinegar, others with the chlorides. I do not know that it is necessary, and the use of chlorine is doubtful, if not improper, and may prove injurious to the patient.

Having made these few general observations on the steps to be taken by those who enter on the treatment of typhus, I shall now proceed to speak of diet and medicines. In a disease like fever, which lasts frequently for fourteen, twenty-one, or more days, the consideration of diet and nutriment is a matter of importance, and I am persuaded that this is a point on which much error has prevailed. I am convinced that the starving system has in many instances been carried to a dangerous excess, and that many persons have fallen victims to prolonged abstinence in fever. This was one of the errors which sprung from the doctrines of those who maintained that fever depended on general or topical inflammation. They supposed that fever arose from inflammation, and immediately concluded that to treat it successfully, it was necessary to reduce the system by depletion and low diet, and to keep it at this point during the whole course of the disease. Hence the strict regimen, the *diète absolue*, of the disciples of the physiological school, and of those who looked on inflammation as the essence of fever. The more the symptoms appeared indicative of inflammatory action, the more rigorous was the abstinence enforced. If a patient's face was flushed, or his eyes suffused, no matter what the stage of the fever was, they said, "here is inflammation of the brain, and nourishment will exasperate it." If he had red or dry tongue, and abdominal tenderness, they immediately inferred the existence of gastro-enteritis, and all kinds of food, even the lightest, were strictly forbidden. That this proceeds from false notions on the nature of fever is beyond doubt, and I

pointed out this fact many years ago, long before the appearance of Piorry's work. Let us in the first place examine the results of protracted abstinence in the healthy state of the system. Take a healthy person and deprive him of food, and what is the consequence? First, hunger, which, after some time, goes away, and then returns again. After two or three days, the sensation assumes a morbid character, and instead of being a simple feeling of want and a desire for food, it becomes a disordered craving, attended with dragging pain in the stomach, burning thirst, and some time afterwards, epigastric tenderness, fever, and delirium. Here we have the supervention of gastric disease and inflammation of the brain as the results of protracted starvation. Now these are in themselves very singular facts, and well deserving of being held in memory. Read the accounts of those who perished from starvation after the wreck of the *Medusa* and the *Alceste*, and you will be struck with the horrible consequences of protracted hunger. You will find that most of the unhappy sufferers were raging maniacs, and exhibited symptoms of violent cerebral irritation. Now, in a patient labouring under the effects of fever and protracted abstinence, whose sensibilities are blunted, and whose functions are deranged, it is not at all improbable that such a person, perhaps also suffering from delirium or stupor, will not call for food, though requiring it, and that if you do not press it on him, and give it as medicine, symptoms like those which arise from starvation in the healthy subject, may supervene, and you may have gastro-enteric inflammation, or cerebral disease, as the consequence of protracted abstinence. You may, perhaps, think that it is unnecessary to give food, as the patient appears to have no appetite, and does not care for it. You might as well think of allowing the urine to accumulate in the bladder, because the patient feels no desire to pass it. You are called on to interfere where the sensibility is impaired, and the natural appetites dormant; and you are not to permit your patient to encounter the horrible consequences of inanition, because he does not ask for nutriment. I never do so. After the third or fourth day of fever, I always prescribe mild nourishment, and this is steadily and perseveringly continued through the whole course of the disease.—*London Medical Gazette*.

MIDWIFERY PRACTICE.

Placental Presentation and Expulsion, by Mr. E. A. CORY, Surgeon to the East London Lying-in Institution.

My attendance was requested on a woman named Phipps, about 38 years old, a patient belonging to the East London Lying-in Institution, who was reported to have suffered the pains of parturition for some hours. On having recourse to the usual vaginal examination, a substance possessing the characteristic peculiarities of the placenta was discovered occupying the vagina, being at the same time entirely extra-uterine. I could hardly imagine it to be the placental mass, as there was scarcely any attendant hæmorrhage. A more particular examination, however, soon satisfied me as to its reality, and that, moreover, there existed an arm presentation. The liquor amnii had been discharged, and the os uteri was fully dilated.

The operation of version was immediately attempted to be performed; but so firmly was the foetal body embraced by the uterus, that it would have been impossible to have effected it without risking the infliction of severe injury upon that organ.

In this most unenviable position I requested the co-operation of my experienced friend and neighbour, the late Mr Bennet, senior, who also endeavoured to reach the feet of the child, but his efforts were alike ineffectual. He coincided with me in the opinion that the woman ought to be delivered as soon as it could be accomplished with safety, as it was evident that we were indebted for the absence of hæmorrhage to the unusual contractile power exerted by the uterus; and that any sudden or gradual diminution of its contractility, although it might facilitate the operation of turning, yet would in all probability give rise to a copious hæmorrhage, highly dangerous to the life of the patient; and as the want of pulsation in the umbilical cord demonstrated that the foetus no longer possessed vitality, it was therefore determined to eviscerate the chest and abdomen, according to the plan proposed by Douglas, of Dublin. The operation was immediately commenced, and after the necessary interval the delivery completed.

On the third day after the operation some symptoms of uterine inflammation were experienced, which soon yielded to venesection, leeching, fomentations, with the free exhibition of calomel, opium, and tartarized antimony, &c. At the expiration of seven or eight days all dangerous symptoms had disappeared. She perfectly recovered.

What renders this case so remarkable is the almost incredible fact, that there was no more hæmorrhage than in an ordinary parturition; and the deficiency of this formidable symptom can only be attributed to the powerful contraction which the uterus so beneficially exerted to the foetal body. It may be proper to remark, that the placenta was completely expelled from the vagina before the operation. It was nearly of the natural size.—*London Medical Gazette.*

Rules for the application of the Forceps.

THE orifice of the womb must be fully dilated, the membranes burst, and the head or breech of the infant the descending part.

It is advised that the labour should have continued twenty-four hours before the use of the forceps (Hamilton), or that the head of the infant should have rested for six hours after the cessation of the labour pains in the cavity of the pelvis (Denman).

It appears to me that no determinate period of time can be fixed, because the head may become impacted, and not advance sooner than twenty-four hours, or even six, and the pains may be so strong as to make most injurious pressure on the bladder, rectum, or other soft parts within the pelvis, and cause contusion and sloughing; or rupture of the uterus. Moreover, when the head does not advance during strong pains, or is not in the natural position as regards the pelvis, the repeated pressure of the womb will destroy the infant, as well as destroy the mother in the manner already stated, and under such circumstances, the obstetrician would be no more justified in waiting, in my opinion, than in a case of hæmorrhage, convulsions, or fainting.

But as a general rule, the precepts of Dr. Hamilton and Dr. Denman ought to be implicitly followed, as most women who have regular labour pains are delivered without instruments within twenty-four hours from the commencement of the function of parturition.

The exact time for applying the forceps must be subject to the judgment of the obstetrician in any individual case. The lower the head has descended into the cavity of the pelvis, the easier it is to apply the forceps. It should never be employed unless when there is real necessity, and never on the ground of saving the time of the obstetrician.

It is not necessary, according to some obstetricians, oftener than once in a thousand cases, and, according to others, as often as one in two hundred cases.

There is no danger whatever, either to the woman or infant, when the forceps, or any other blunt obstetric instrument, is judiciously applied.

The bladder and rectum should be empty before the forceps, or any other obstetric instrument can be safely employed, or the operation of version performed.

The bladder should be evacuated with a catheter, and the rectum with an enema.

The use of the forceps is to diminish the size of the head when the pelvis is small, or the scalp is congested with blood by the uterine action, and the instrument is so constructed that this end can be accomplished without danger to the life of the infant, as nature leaves the sutures of the skull unossified, so that the bones of the head may overlap each other to a certain extent on the pressure of the instrument.

The same consummate wisdom is evinced in the conformation of the infantine pelvis, which is composed of fourteen bones united by cartilage, so that the breech may be compressed when it is the presenting part, to a considerable extent, without any serious danger to the life of the infant.

The shoulders of the infant also admit of considerable compression during parturition.

Thus the head, shoulders, and pelvis of the infant are so formed, that in certain circumstances, as when the infant is large, and the maternal pelvis small, they can be reduced and moulded to the passage of the parent by nature or by art.

No obstetric instrument or manual operation ought ever to be performed until necessity is explained to the relatives of the parturient woman or to herself when she possesses a strong mind; so that an opportunity is afforded of calling in another medical practitioner, if convenient, should it be desired by the woman, her relatives, friends, or acquaintances. Every medical practitioner, whether old or young, ought to observe this precept.

The woman or her friends have an undoubted right to have opinion or assistance of as many medical practitioners as they please.

It is scarcely necessary to state, that the medical attendant may be considered too old or too young—and there may not be sufficient confidence in him.

It is always to be remembered, that women in labour have, in general, the greatest dread of manual or instrumental operations; and that humanity and religion command every thing to be done to appease their fears and alarms, as these are always more or less prejudicial to their condition and restoration to health.

It may be necessary, as is well observed by Denman, to explain the object of using the forceps, or other blunt instrument, and to prove that no injury can be inflicted upon the woman or infant, when the instrument is used with caution and judgment.

“In some cases of great apprehension I have always shewed them upon one of my knees, all I intended to do with the forceps.”—*Denman's Aphorisms*.

I have long followed this excellent advice, and observed to women, that the instrument was blunt, and not cutting, that it could pass where the hand could not, and that its blades might be considered as artificial hands and would not injure the woman or infant, and that the latter might or would be born alive.

This explanation almost invariably removes all fear and apprehension.

There are, however, some nervous, hysterical, irritable, and impatient women, who, impelled by their fears, impatience, or sufferings, implore us to deliver them with instruments, long before there is a real necessity for using them.

Such individuals may be encouraged, by fixing some remote period at which it is most likely they will be delivered, as six or twelve hours, and unless they are, and when twenty-four hours of actual and regular labour have elapsed, that then instruments will be employed.

They should also be told, that most women are delivered within twenty-four hours, without instruments; that others remain in labour a day or two and are safely delivered without artificial interference, and that the good old remedies, time and patience, ought to have a fair trial—and that nature is the oldest and safest obstetric practitioner.

The forceps, or any other obstetric instrument, ought never to be used clandestinely, or without the knowledge of the woman or her friends.

There is always great caution required in the use of obstetric instruments, as great fears are entertained by most women, and great blame attached to the obstetrician unless the woman and infant do well ultimately, and unless he possess a high reputation.

It is always necessary to impress upon the woman the imperious necessity of remaining quiet during the use of obstetric instruments, for when she is restless, there is more or less danger of injuring her, however experienced the obstetrician may be.

When she moves suddenly, or changes her position, though the operator removes his hand off the instrument, it may contuse her slightly, and give her pain.

It is therefore manifest, that instruments ought not, as a general rule, to be applied without her knowledge, and not until having impressed her with the indispensable necessity of her remaining quiet and motionless.

Every woman endowed with common sense, will obey the advice of her medical attendant, when she places proper confidence in him.

The forceps is most commonly used when the head of the infant has descended into the cavity of the pelvis, and it should always be applied over the ears of the infant.*

* There is an exception in the case of the right occipito-iliac positions, in which one blade of the forceps is to be placed over the occiput, and the other over the forehead.

It is considered improper and dangerous to employ it when the ear cannot be felt.

Before the head makes the half turn, and the face is placed in the cavity of the sacrum towards the back of the mother, one ear will be felt under the pubes, or under one of the rami of the ischia.

But when the face has fully turned into the cavity of the sacrum, a part of the occiput or hind head will be under the pubes, and the ears will be towards the sides of the pelvis.

As a general rule, the convexity of the forceps ought to be finally brought towards the concavity of the sacrum, or back of the woman, so that the concavity will be towards the abdomen, and the handles through the centre of the genital fissure, in the axis of the outlet of the pelvis.

The short forceps is used when the face is towards the cavity of the sacrum, or towards the pubes, or towards either ischium, when the crown of the head will be transverse to the genital fissure; and lastly, when the breech of the infant presents, the hips being towards those of the mother, or transverse to the outlet of the pelvis and genital aperture.

Before using the forceps, it should be brought to the temperature of the body, by being immersed in a bason of warm water, or held near a fire. It should then be wiped dry, and smeared with pomatum, lard, &c.

Position of the patient.—The obstetric position recommended by most British obstetricians is the left side, and the back, by foreign writers, which, in my opinion, is by far the better, and more natural, and it also enables the operator to form a more accurate opinion of the relative situation of the head to the pelvis, and when using the forceps, he is not incommoded by the right inferior extremity of the patient as when she is placed on the left side.

The pelvis of the woman ought to be close to the edge of the bed, and she ought to be strongly impressed with the necessity of keeping it in this position.

When the patient is placed on the left side, the nurse or some other female must support and raise the right inferior limb, to allow the instrument to be introduced; but this assistance is not necessary when the dorsal position is adopted.

The female assistant often allows the supported limb to fall against the blade or handle of the forceps, while it is being passed, which incommodes the operator, and pains the patient.

When the patient is placed on the back, her pelvis should be near the foot of the bed, or near the edge, or she may be placed across the bed—her head and shoulders being raised with pillows.

The lower extremities should be separated, each foot placed on a chair and the knees held by an assistant, and the obstetrician should sit on a chair, between the limbs, the person of the woman being covered.—*London Med. and Surg. Journal.*

COMPARATIVE BILL OF MORTALITY,

From the 3rd of JANUARY to the 31st of JANUARY, 1837.

<i>Diseases.</i>	JANUARY 3.	10.	17.	24.	31.	<i>Diseases.</i>	JANUARY 3.	10.	17.	24.	31.
Abcess	3	—	3	5	2	Inflammation of	} 2	—	1	1	4
Age and Debility . . .	39	38	73	149	121	the Brain . . . }					
Apoplexy	3	12	8	16	6	— of the Lungs {	3	7	20	51	51
Asthma	13	30	54	91	97	and Pleura . . }					
Cancer	1	—	—	1	3	Influenza	—	—	13	106	99
Childbirth	3	8	5	9	9	Insanity	—	1	4	6	—
Consumption	40	49	48	126	127	Jaundice	2	—	8	—	—
Constipation	1	—	—	—	1	Liver, diseased . . .	1	11	5	4	8
Convulsions	29	27	30	52	56	Locked Jaw	—	—	—	1	—
Croup	4	1	1	2	2	Measles	7	7	7	3	8
Dentition or Teething	1	—	3	10	13	Mortification	1	2	2	2	7
Diarrhæa	—	—	3	—	1	Paralysis	1	2	2	5	6
Dropsy	13	19	22	24	23	Rheumatism	—	—	1	—	2
— in the Brain	8	5	9	14	10	Scrofula	1	—	—	—	—
— in the Chest	1	3	—	3	4	Small Pox	6	13	11	2	7
Epilepsy	—	—	—	2	2	Sore Throat & Quinsey	—	2	—	1	2
Erysipelas	—	1	2	3	2	Spasms	1	—	—	2	5
Fever	3	4	18	13	12	Stone and Gravel . .	1	—	—	—	—
— Scarlet	1	—	6	1	5	Stricture	—	—	—	2	—
Gout	1	1	3	3	1	Thrush	1	1	2	1	1
Hæmorrhage	—	1	—	—	2	Tumor	—	1	1	1	1
Heart, diseased	—	—	3	7	7	Venereal	—	—	1	2	—
Hernia	—	—	1	2	1	Unknown Causes . . .	4	4	29	40	28
Hooping Cough	6	3	9	27	34	Casualties	6	7	6	4	6
Inflammation	16	22	37	54	81						
— of Bowels and } . . .	4	—	5	8	3	<i>Total</i>	<i>227</i>	<i>288</i>	<i>447</i>	<i>839</i>	<i>861</i>
Stomach }											

BOOKS RECEIVED FOR REVIEW.

Lectures on Morbid Anatomy of the Serous and Mucous Membranes. By Thomas Hodgkin, M.D. Vol. 1, pp. 364.
Sherwood & Co.

A Treatise on Tetanus, being the essay for which the Jacksonian Prize was awarded. 1834. By T. B. Curling, Assistant Surgeon to the London Hospital. 8vo., pp. 236. London, 1836.

Nouveau Système de Physiologie Végétale, et de Botanique, avec Atlas et 60 Planches. Deux tomes. Par Raspail.
Baillière, Regent Street.

Evils of the Factory System. By Charles Wing, Esq. M.D., pp. 496.
Saunders & Otley.

Compendium of Lithotripsy. By Henry Belinaye, Esq. Baillière, Regent Street.

A Practical Treatise on the Management and Diseases of Children. By R. T. Evan-son, and H. Maunsell, M.D. 1836.
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Longman & Co. London.

Phthisis Pulmonalis. By J. Hungerford Sealey, M.D. Sherwood & Co.

Influence Pernicieuse des Saignées. Par Henri Wiébecké, D.M. Paris.

Le Demon de Socrate. Par Lelut. Paris.

THE
CONTINENTAL AND BRITISH
MEDICAL REVIEW,
OR
MONTHLY THERAPEUTICAL JOURNAL.

APRIL 1, 1837.

On the ENDERMIC and INOCULATIVE METHOD, or Treatment of Diseases by the introduction of Medicines by the Skin, deprived of its Epiderm.

MASCAGNI, in 1797, wrote thus to the illustrious Desgenettes, "The innumerable eminences on the surface of the human body are covered with the gaping mouths of the absorbent vessels, forming at first the tissues of the epiderm, then the net work, branches, and finally the trunks. The internal layers communicate with the external, and thus all parts correspond with the skin. The membranes of the absorbent vessels of the epiderm, and the hairs are of a finer texture than that of the other parts; they are therefore better calculated to absorb the substances reduced to a state of vapour. *When medicines are introduced through this channel into the circulation, they certainly produce good effects.* We may therefore now hope for the most satisfactory results, from the knowledge of the absorbent system, combined with the practice of medicine; whose progress should be the chief end of our labours, as well as the great object of our desire."

Without being acquainted with the anatomy of the absorbent vessels, guided by observation and experience, the ancients subjected medicaments to the absorbent powers of the skin. In the time of Hippocrates, the arteries were supposed to absorb atmospheric air. This first step naturally led to the employment of liquids, and solid agents reduced till they could be absorbed by the pores of the skin. *Hippocrates* frequently employed medicinal frictions in the treatment of the diseases of females. *Diocles* brought on vomiting by applying hellebore to the skin. *Theophrastus* observed that aromatic frictions on the integuments, caused eructations, with an odour similar to the aromatic plant employed. *Celsus* recommended squills

to be rubbed on the abdomen for dropsy. *Aretæus* prescribed Aloes in friction. *Galen* made experiments with various decoctions and with cantharides. The Arabs thought the skin the best channel for the introduction of medicinal substances, and friction was common among the greeks; but a therapeutical method founded on so imperfect a knowledge of the absorbent functions, and the uncertainty of their effects on account of the epiderm preventing the introduction of the medicaments, could only be had recourse to upon extraordinary occasions. This method fell into disuse for some time, till the erudite works of Cruikshank, Mascagni, Spallanzani, again brought it into notice. Attention was once more paid to the importance of cutaneous absorption, and the possibility of making it a substitute for the intestinal tube, which in a state of irritation would be unfit to receive medicinal agents. Previously to Alibert's experiments, Boyle had observed that aperient substances used as frictions produced the same effect as if taken internally.

Kennedy found that quinine rubbed on the skin proved anti-febrile. Chiarenti and Brera, in Italy, made numerous experiments with medicines employed as frictions. Alibert, Pinel and Dumeril confirmed their efficacy. Chrestien, of Montpellier, extended the limits of this therapeutical method; its progress is due to him, he called it *Iatroleptic*, which refers to the manner of applying medicaments by friction.

Among all the diseases in which the iatroleptic method has proved beneficial, none have shewn its efficacy so well as the syphilitic diseases treated by Cirillo's method of friction with mercury; or by Chrestien's, friction with a preparation of gold. There are numberless scientific facts to warrant confidence in the employment of medicaments by friction. Fumigations in herpetic and syphilitic diseases, frictions, unctions, baths, lotions, poultices, are in common use; but not collectively united, so as to form a separate scientific therapeutical branch, under the name of external medication. The ancients were well aware of the aptitude the skin possessed for absorbing external substances, but what progress could be made while they were only acquainted with the two vascular systems, the one arterial, the other venous? and the existence of the lymphatic system was hardly suspected. Since Azelli, Mascagni, Lippi, and the researches of Chrestien, Pinel, Alibert, Dumeril, this branch of science has made some progress. It must however have been limited as long as the epiderm was a bar to the introduction of medicaments. Why not sooner have surmounted this slight obstacle?

It is extraordinary that the advantages to be expected from subcutaneous absorption have not been sooner understood; but the human mind ever proceeds by slow and almost imperceptible degrees. Who is not aware that syphilis and vaccine are inoculated when the slightest sore exists, or when there is only a trifling scratch? The effects of the sting of a serpent, of a wound with a

dissecting scalpel, are universally known. Among the antients how frequently death resulted from the wound of a poisoned arrow!

How is it that in England—the cradle of vaccination, the land famed for useful applications, this method, so rational, so certain, has not been employed more frequently? How is it that medical encyclopedists have not consecrated a few pages to call the attention of practitioners to a subject of such deep interest?

It is by the lymphatic and venous capillaries, profusely spread in the thickness of the skin, that absorption is effected. Covered with its epiderm, the skin has no longer the same absorbing power; and this power is much less than that of the mucous membrane. The method of cutaneous absorption differs but little from that of the absorption of chyle on the intestinal surface, and is not merely an act of simple *imbibition* analogous to that found in inert bodies.

Once deprived of the protecting epiderm which covers the venous and lymphatic extremities of the periphery of the body, the skin becomes more absorbent; nearly all agents reduced to fine powder or liquid, or to a gaseous state, are immediately absorbed when the epiderm is off the skin; some substances which laid on the skin, when intact produce no effect, are on the contrary always absorbed when the epiderm is taken off. Such is the principle of the endermic or inoculative method.

All attempts to render the epiderm permeable by frictions or preparatory applications, are but of little consequence compared to the skin deprived of its epiderm. The important point is to open the venous and lymphatic vessels on the surface of the body, so that they may receive all the substances placed in contact with them.

In 1823, Messrs. Lambert and Lesieur conceived the idea of the endermic method. Before then, Murray had given out that aloes applied to the surface of a blister or seton, produced alvine evacuations. Bally observed narcotism in a child who had moxas applied, composed of salve washed in distilled laurel water. Professor Dumenil inoculated the small pox by applying to the surface of a blister, a thread covered with variolic virus. The same practitioner cured a paralysis of the eyelid by introducing into an incision, extract of *nux vomica*; but all these facts appertaining to science remained sterile, till Lambert and Lesieur thought of deducing from them a new therapeutical method.

These advantages were fully appreciated at a period when it was supposed that active medicines always produced intestinal irritation; and although there is at present less dread of irritation, there are nevertheless a great number of circumstances to recommend the endermic method. Are there not morbid states which sometimes prevent the injection of medicaments? May not the intestinal mucous membrane be irritated or inflamed? At other times are we not obliged to seek new channels for the introduction of medicine

when the stomach and intestines, accustomed to the stimulus, cease to feel its effect? What is to be done in chronic gastralgia, and schirrus and cancer of the stomach?

The introduction of active medicaments by the rectum, will be considered as supplementary means in the cases here named; but how many chances against this method; for is not the rectum sometimes in a state of irritation similar to that of the stomach and the intestines, or is it not habitually filled with fœces, and consequently unfit to receive or retain the medicaments there conveyed?

When the possibility of conveying medicines to the internal pulmonary surface by inhalation, was given out, the most happy results were anticipated. Was it possible to convey to the lungs, air impregnated with medicinal principles, without destroying its purity? and good air is as necessary as good food. Chloride, aromatic substances, and the vapour of tar have not realized the expectations formed.

How many well founded motives exist for endeavouring to find a new channel for the introduction of medicine! how many good reasons for appreciating the method presented by Lemberg, and for confiding to the subcutaneous absorbents, medicines that could not be introduced by ordinary means. When once the epiderm is destroyed, the venous and lymphatic absorbents receive the substances applied, and convey them unaltered, and almost without mixture through the whole extent of the circulatory system. This method is perhaps more simple than any other: if any positive result may be expected from a medicine, it is when the substance shall have been applied on absorbent vessels, and that the digestive powers have no action on it. The greater the progress of chemical knowledge, the greater will be the advantages of the endermic method; as the active part of medicines, freed from the useless mass which surrounds them, may act with greater safety on the tissues.

Why have medicines always something uncertain in their action? It is because they reach a surface ever varying in its condition, or the intestinal mucous membrane is irritated or covered with mucosities, or the stomach and bowels are full. In subcutaneous absorption, the absorbent vessels are always in a free state when recently deprived of their epiderm.

Previously to employing the endermic method, it is necessary to be acquainted with the action of the different agents on the tissues: the caustic agents are not absorbed, because they destroy both the tissues and the absorbent vessels they touch: then again, absorption cannot take place, even after raising the epiderm, if time be left for the establishment of the pseudo membrane, which is secreted so speedily after the epiderm is taken off.

Before we lay down rules for the endermic method, let us judge of its application in the hands of men whose very name is an authority, after which we shall draw consequences, and establish rules to guide the practitioner.

Treatment of Intermittent Fever by the Endermic method, by
M. CHOMEL, Hôtel Dieu.

M. Chomel tried the effects of sulphate of quinine by the endermic method, at the *Hôtel Dieu*. Numerous observations led to the belief that this salt might be absorbed and prevent the return of periodical attacks; the experiments of this practitioner have not only proved its efficacy, but have also proved that it sufficed to apply the medicament on the raw skin one or two hours before the invasion of the attack in order to prevent its return; while it is well known that a much longer interval is generally requisite when the medicine is given internally.

A man aged 38, was received into the *Hôtel Dieu*, on the 21st of March. He had an intermittent fever which had lasted seventeen days; the first attack was caused by witnessing the sudden death of one of his companions. The fever came on towards eleven and lasted till four.

The 25th March, at nine in the morning, two grains of sulphate of quinine were spread on a small blister applied to the epigastrium. The fit returned, but was delayed two hours and a half, and only lasted an hour and a half instead of five hours. Two grains more of sulphate of quinine were applied to the sore. The 27th and 28th March, no attack; sulphate of quinine was however given internally, and there was no further appearance of fever.

Another patient with a similar complaint was admitted into the Hospital the 21st April; two grains of sulphate of quinine were applied the 25th, three hours before the supposed time the attack came on. No fever appeared. Two more grains were applied the following day, and four grains the day after; the medicine was then administered internally, and the man was cured. In several other cases a stronger dose of quinine has been applied, and the effects obtained have been nearly similar. M. Chomel has always concluded by prescribing a few grains of sulphate of quinine to be taken internally.

On the action of Acetate of Morphia in a case of Cancer of the
Uterus. Hopital de la Pitié. M. SERRES' wards.

Madame Detty, aged 53 years, having all the attributes of perfect health; married at five and twenty; mother of five children; her labours were always severe; at the birth of the last child forceps were employed, and the infant was still-born. At the age of 51, she had a dartre (herpes) on the left fore arm; sulphureous baths were ordered, and brought on an irritation in the interior of the womb, and an abundant menorrhagia. The treatment at the hospital *Necker* proved fruitless. The womb was explored through the speculum, in the course of July, 1824; there was hard schirrus unequal congestion on the neck of the uterus, it bled on the slightest pressure; there was a white discharge, with a foetid odor; great difficulty in voiding the urine; the skin was yellow. and the flesh tur-

gid and bloated. The patient grew worse in November, she was in agonies, rolled in her bed, and loudly invoked death as her only relief. Narcotics, the most powerful antispasmodics, strong doses of spirit of morphia, had no effect. The cruel sufferings were gradually allayed, and the blessing of sleep procured, by putting two grains of acetate of morphia on a seton. The application proved so soothing that her existence was prolonged till the 20th December, 1811, without any further sufferings. This observation proves that in cases where a cure cannot be hoped for, great advantages may nevertheless be found in external applications.

Rheumatismal Fever. Hôtel Dieu. M. BALLY.

A young man, named Choubert, aged 24, a baker by trade, seized with such violent pains in all his limbs, that he could neither move nor sleep. The patient attributed his complaint to excessive fatigue in kneading the bread, intense perspiration, and sudden cold after his hard work. On the fourth day after the appearance of the disease, the pains settled in the shoulder, the arm, and the elbow, the limbs affected were perfectly motionless, a continuing burning pain, the patient lost his appetite, and his countenance bore an expression of sorrow and suffering.

The 10th March, a blister was applied to the arm, but gave no relief. The 13th, the surface of the blister was covered with half a grain of acetate of morphia. Spent a good night, slight pain, no function disturbed. The 14th and 15th, same medication, same effect. The 16th, one grain of morphia, complete relief, no change in the functions, excepting slight contraction of the eyelid. 17th and 18th, the applications having been omitted, the patient spent two bad nights, and suffered considerably. The 19th, half a grain of morphia, the patient quite calm, but cannot raise his head. The same means continued until the cure was complete.

Asthma treated by Musk. Hôpital Cochin. M. BERTIN.

M. Loliot, aged 62, a farrier by trade, was admitted into the Hôpital Cochin, with an intense orthopnea; the sibilant rale was heard. The complaint was so violent that the patient remained sea-sick, holding fast any object near him, his shoulders up to his ears, his head thrown back, mouth open, his neck stretched out, and endeavouring to meet the air he longed to breathe. Bleeding being given only momentary relief, a draught containing six grains of musk was administered. Abundant perspiration, breathing easier, circulation less rapid; the dose was increased to ten grains, the patient left the hospital, cured. He went to his work for three months, at the end of which he returned to the hospital in the same state as before. A blister was applied to the arm, and at the expiration of a week it was covered with six grains of musk. A few hours after it was found to have precisely the same effect as if given internally.—abundant perspiration, after which increased relief, rapid disappearance of all accidents. Cure followed.

NEPHRITIS, or INFLAMMATION of the KIDNEYS. By
M. CHOMEL.

It will so generally be found, after perusing the different works or essays on the diseases of the Kidneys, that nephritis is developed by direct causes, such as a blow, a wound, and particularly by the formation of calculi in the pelvis of the kidney, or in the urethra, or by any other obstacle to the passage of the urine, that it might be asked whether the kidneys are not, by their structure or situation, or from any unknown cause, free from those inflammations we have called spontaneous, because we are ignorant of the cause by which they are produced, and merely exposed to *accidental* or *symptomatic* inflammations.

If we review the various conditions pointed out by authors as causes of inflammation of the kidneys, there will still be a greater certainty that nephritis is nearly always owing to calculi in the kidneys, or in the excretory passage, if we except cases in which the disease is produced by a contusion, a sore, a fall; in all others, the causes assigned to nephritis are precisely those which promote the formation of calculi in the kidneys, or the displacement of the stones already existing; among the predisposing causes to nephritis may be classed, a sedentary life, remaining too long in bed, sleeping on a feather bed, high living, &c. &c. Among the secondary or occasional causes may be noticed, violent efforts, too much walking, riding on horseback, and the jolting of a carriage. It is almost unnecessary to add, that all mechanical obstacles may give rise to an inflammation of the kidneys, by obstructing the urinary passage.

It is generally thought that the internal use of certain acrid substances, such as cantharides or turpentine, causes inflammation of the kidneys; but these substances have not the direct action on the urinary passages that is generally supposed, and I do not know whether there be any authentic example of nephritis due to this cause.

It has also been supposed that cold on the loins, a rheumatismal metastasis on the kidneys or their membranes, might give rise to a nephritis, but these are only assertions, not supported hitherto by any proper demonstrations. Inflammation may be developed simultaneously or successively in both kidneys, or be confined to one alone. It is by no means certain that the left kidney is more frequently inflamed than the right, though P. Frank thinks that it is so.

Formerly it was thought that the membrane of the kidney might be separately inflamed, this was also Chopart's opinion, and some authors have distinguished two separate species of nephritis; the one membranous, and the other parenchymatous; but if pathological anatomy sometimes leaves traces of inflammation on the outside of the kidney without the parenchyma participating in it, there is nothing to show the symptoms corresponding with this lesion.

Inflammation of the kidney is seldom preceded by the general distress observed in other inflammations: this difference is accounted for by the species of causes which preside at the development of the nephritis, which causes act immediately on the kidney.

In the symptoms of acute nephritis the paroxysms are usually more marked than in other phlegmasiæ. The pain is sometimes so violent, that the countenance changes, the patient rolls in bed, or even on the floor, and utters the most piercing shrieks: the pain becomes so intense, that convulsions and delirium, cold perspirations and fainting comes on.

These accidents which are peculiar to the nephritic colic, principally occur in cases where the inflammation of the kidneys arises from a stone being engaged in the urethra; it is also in the same sort of nephritis that these intolerable pains are sometimes succeeded by a state of such complete calm, that the patient believes himself cured.

The nephritis differs in various respects from other inflammations; its invasion may be more sudden, and its local symptoms far more intense, its termination abrupt, its duration shorter, though equal in intensity; it may, for instance, give way in a few days, sometimes in twenty-four hours, after commencing with great violence, and if it becomes chronic it may last for years; all these peculiarities of the inflammation of the kidney may be attributed to the special cause which produces and classes this disease among the symptomatic inflammations.

But if, as is generally the case, the inflammation arises from an obstacle existing in the urinary passages, and this obstacle be not overcome, and removed into the bladder, the internal membrane of the calix, the pelvis, ureter, and that part of the urethra placed above the obstacle are doubly irritated by an increasing extension, and the progressive concentration of the urine; a purulent matter is secreted, which mixing with the urine, increases the inflammatory irritation from which it is derived.

From this increasing and prolonged accumulation of urine and matter in the calix, and the pelvis of the kidneys, various effects arise, the matter does not always pass through the natural channel, nor by any sores that may exist, and causes by its lengthened stay a distension, an alteration of the kidney, which joined to the fatal effects arising from the presence of so much pus, terminate fatally.

Pison relates the case of a woman in whose kidney he found fourteen pounds of pus; the substance of this kidney was destroyed, and its size was considerable.

Cases in which pus remains thus accumulated until death, are very rare; generally, after having to a certain degree, distended the parts that contain it, the matter passes through the natural urinary canals.

Some practitioners have observed, that when the matter first came away by the urinary passages its expulsion was attended with great pain, but its appearance is the first phenomenon that strikes the patient, and enlightens the physician. After this evacuation, there is often a notable diminution in the symptoms, of which the kidney is the chief seat; less pain, distension, vomiting, and heaviness in the corresponding thigh. But it often occurs that the bladder, irritated by the matter, becomes the seat of tenesmus, which, however, is removed in a few days, sometimes in a few hours.

When the matter has a passage, and the urine comes freely, the patient cannot yet be considered out of danger. Sometimes the excretion of the matter diminishes daily, the urine becomes gradually natural, the fever ceases, strength returns, and a rapid convalescence succeeds to a dangerous malady.

But in many cases it is not so, the urine remains purulent, either continually or at intervals the pulse is rapid, and the patient continues thin and weak. In some persons when the pus ceases to pass with the urine, the most serious accidents ensue, and are only removed by the matter again being expelled. These states of improvement or exasperation may be prolonged several months, and even several years. But the more numerous these changes, the smaller are the chances of recovery.

Chopart refers to cases, in which the pus contained in the urinary canals, had fallen into the abdominal cavity, but he does not state any particular case. Fanton gives a case in which the matter escaped by the tranverse colon.

In other circumstances the matter found in the kidney has passed through the teguments of the lumbar region, and at the same time through the natural channel.

In another case, given by Dehaën, the matter having considerably distended the left kidney, appears to have passed through the diaphragm of the pleura and pulmonary parenchyma to the bronchii, so as to be partly brought up by expectoration; at the same time to be excreted with the urine. P. Frank also speaks of abscess in the kidney, opening into the liver or spleen, but he brings forward no case.

It is quite evident that the suppuration of the kidney, which generally originates in acute inflammation, is essentially chronic. It is, therefore, nearly impossible not to combine in one description, the acute and chronic nephritis, which are generally only two periods of the same disease, and not two distinct diseases. There are, however, a certain number of cases in which inflammation of the kidney begins with dumb pains in the lumbar region, with or without heaviness in the corresponding thigh; advances gradually, fever comes on, and death ensues, without there having been any symptoms peculiar to acute nephritis.

Suppuration of the kidney, in whatever manner it may commence,

is almost always accompanied by chronic or slow hectic fever. Several authors have designated this disease *phthisis renalis*. The passage of the matter in the cellular tissue of the abdomen, or in the peritoneum, may add to the first affection, one of still more serious nature, which proves fatal to the patients at a period when the lesion of the kidney seemed to cause no immediate danger.

Does the inflammation of the kidneys ever end in gangrene? Chopart says that he has seen this termination in a man of sixty-two, who died on the 9th day of a disease, which from the symptoms might be supposed to be an acute nephritis. On the post mortem examination, the kidneys were found voluminous, red, livid, and speckled with dark stains. Fabrice de Hilden says, that he had seen a similar termination in his child, a boy of nine years old: the kidneys and adjacent parts being remarkably inflamed, ended in mortification. However valuable the authority of Fabrice, the case he relates is so void of details, that it cannot elucidate the question.

Chopart's observation is also incomplete, a simple inflammation of the kidney may give rise to the lesions he indicates, livid redness and *ramollissement*; there is a specific odor in the gangrene, and the texture of the affected parts is completely altered. Chopart's silence throws great uncertainty on the existence of these characteristic alterations. But if there be no case to shew that gangrene has occurred in acute nephritis; in persons who fall a prey to a long existing suppuration of the kidney, there have been dark spots on the suppurating surface, with the specific odor, softness, and absence of apparent organization common to eschars.

THERAPEUTICS of the GOUT. By REVEILLÉ PARISSET.

SECOND ARTICLE.

THE radical cure of the gout, as I have already observed, is a problem which the faculty, and those who usurp its noble functions, have long endeavoured to solve.

Its therapeutics may be considered as a sort of philosophical stone, which even in our time of doubt and uncertainty on this point of pathology, we nevertheless hope to find. For my part, I by no means blame similar researches, I think they should be encouraged, when made with care and method, science and conscience.

The same thing happens here as with alchymy: by following a chimerical object, excellent things are occasionally discovered, of which art can take advantage.

It must be allowed that an invincible obstacle, which no one yet has been able to surmount, opposes the complete solution of this problem, the nature of the gout is completely unknown. To whom then can recourse be had in these circumstances? Shall we run

after a phantom blindfolded, which phantom we shall never be able to reach ?

I know that it can be averred that there are other diseases, the origin of which is equally unknown. It is true that chance, and long maintained experience, have sometimes thrown us in the way of obtaining a cure for certain affections, but for the gout chance has denied its assistance, and experience has constantly proved the uselessness, and even danger, of a thousand boasted remedies, praised by the ignorant, and received by the credulous. Besides, how can we hope to cure a disease that has often lasted for years, and become constitutional, almost coexistent with life ; that has worked on the whole economy, invaded the tissues, altered various organs, impeded various functions, and which, in fact, seems so inherent to organism, that through the spermatic channel it is communicated to a future generation.

This unusual remedy for the gout, this *panpharmacon*, ever promised, ever *announced*, has not yet been realized. Let us now avoid all exaggeration ; because long existing gout is not always radically cured, we are not to conclude that medicine is impotent in this disease ; it would be running into another extreme. Not only are there proper medicines, efficacious methods of treatment for the morbid affections in question, but by the assistance of well combined hygiene, perseveringly employed, it may justly be expected if not to eradicate the disease entirely, at least to reduce it considerably.

It is true that sundry causes are alone acted on, but these causes are sufficiently powerful to give to the arthritic principle its virulence and its activity. The essential point is to be seconded by the patients themselves, which does not always happen ; there is indeed an important remark to be made on this subject.

Persons afflicted with gout are sometimes wholly bent on obtaining a cure without regard to the means or the state of the disease ; they not only take the advice of their professional attendant, but unfortunately allow themselves to be influenced by servile quacks. Patients will give their full confidence to whoever pretends to have infallible remedies for the cure of gout, at whatever cost they may afterwards learn the value of such an assertion.

Other patients, on the contrary, are wilful martyrs to the gout, persuaded that this disease is a salutary crisis, a patent for health ; they scarcely do any thing to arrest its progress. They are willing imitators of the author who wrote a dissertation, called *De dea Podagra*. Feltman, Breme, 1693. Satisfied with their state, and their particular pains, they look on them as a blessing. It is said that Varron pointed out three hundred sorts of happiness, but I am not aware that the excruciating pains attendant on the gout were numbered among them.

The origin of this error is, that gouty persons seldom have any other affection, and for this reason it was formerly called *dominus*

morbum. This is, however, quite a mistaken notion, for the gout is only a preventive to other diseases, because of the strict regimen and sobriety, which it necessitates. However this may be, most patients considering the gout as a very serious affection, intolerable in its effects, its persistence, its relapses, and dangerous in its results, willingly consent to follow a rational treatment, and preserve a proper regimen, were it merely with a view to keep the disease within as limited a circle as possible. It is for this class of patients that the faculty have made so many researches, and proposed so many remedies. I shall be careful how I expose such a medicinal *farrago*, my intention being merely to indicate those which experience has proved to be efficacious.

To know them well, it is necessary to establish the following order: sudorifics, diuretics, anti periodics, empirical remedies; external applications, and hygienic means.

In the most ancient times sudorifics have been used, but with very variable results. On comparing these results, vapour baths, more or less active, more or less repeated, are those whose efficacy appears incontestible. I have recommended them to an old gentleman whose gouty diathesis was most decided, and he was three years without having any serious attack of the gout.

The only inconvenience arising from these baths, is to make the skin very tender, and liable to be affected by atmospheric temperature: the greatest possible care should therefore be taken to guard against cold, damp, and fog. Besides these precautions, while the baths are taken, there are two others requiring the strictest attention. The first is to abstain entirely from bathing, while the temperature is either extremely hot or cold, the reason of which is easily understood; the second is to observe if there be no danger of sanguine congestion either cerebral or pectoral, particularly when the patient is plethoric, which is often the case.

A few leeches previously applied to the anus may produce good results; or perspiration may be brought on by getting naked in a bath, having it well covered with a heavy blanket; a lamp burning with spirits of wine put in the bath, soon brings on a heavy perspiration. This is called *un bain de calorique*.

Some persons now prescribe *Bains Russes* as a cure for the gout or rheumatism. For my part, I fear that fashion has brought forward the all-powerful influence, and I much doubt whether in our uncertain climate, on impaired constitutions, exhausted by the enervating labours of civilization, we can with impunity expose ourselves to the sudden contrast of two extreme temperatures; hitherto the results of such a proceeding have proved far from satisfactory.

Among the sudorifics which may be depended on, when the gout is not too acute, is a solution of guiacum resin in alcohol, given in various doses, in a decoction of dogs grass, *Triticum repens*, with a little nitre and sugar. In cases of gout, I have

seen great relief obtained from the following prescription, very much in vogue at one time.

Guaiacum resin ʒj.

Sal volatile of hartshorn gr. xij.

to be mixed with the yolk of an egg, and add

Water ʒiij.

Syrup of marsh mallow ʒi.

A third of this mixture to be taken at night, before going to bed, and to be continued several days, unless it should disagree with the patient.

2nd. *Narcotics*, for the radical cure of the gout, have always been either too much lauded or too much reviled. What I have already said, proves that there are various opinions on this subject. However this may be, when the patient is very irritable, and that his economy is able to bear this medicine, the effects obtained are always salutary. Under some circumstances the doses may be safely increased, but this must always be done gradually. The essential point is, to watch that there be no narcotism or obstinate constipation.

Most practitioners admit that the extract of hemlock has not had great success, at least in France. The same may be said of the extract of *aconitum napellas*, which has been so much vaunted. Nevertheless, the following passage will be found in the *Traité des Maladies Goutteuses*, 1—151. “The Abbé Manu was completely cured of a severe and inveterate fit of the gout, by taking pills composed of hemlock and aconite.” These differences may be attributed to various modes of preparing these medications, always important in their results, though mixed with more or less care.

3rd. *Purgatives* have always been used for the gout, particularly in England. Who has not heard of the medicinal waters of Husson, and their wonderful effects? Jalap, gum gutta, extract of delaterum, aloes, calomel, have been given in various doses, and various forms. But there is another very important question that yet remains undecided. Is there any purgative that possesses any specific properties against the gout; or else, do they all act as simple revulsives? This point has not yet been clearly ascertained. Experience has, however, shewn that purgatives have an action more or less direct on the arthritic principle. Active purgatives more frequently employed in the North, have had the most marked success; but then again, their continued use may give rise to the most serious consequences. I have seen Leroi's medication—this universal panacea, relieve some individuals, and prove fatal to others. The purgative most generally employed is colchicum.

It is certain that in many cases this medication has given speedy relief, which has been of longer or shorter duration. The patient can best judge whether his stomach can bear the action of the colchicum, which sometimes gives acute colics, and produces a state of general discomfort. *Super* purgation must be avoided, but the

purgative effect must take place, or there will be no action on the gout. Of the divers preparations of colchicum, the following appears to me the most efficacious.

One part of the best grains of colchicum, to be dissolved in *ten parts* of Malaga Wine. This preparation must then be filtered, and an ounce taken three times per day.

Notwithstanding the good effects of colchicum, it would be erroneous to depend on its infallibility as a cure for the gout; or to suppose that it completely destroys the principle of this affection. I have seen a great many patients relieved by the methodical use of this medication, but I never yet saw one *complete* cure.

4th. Among *Diuretics* used for the gout, *colchicum* may be classed, for it often acts powerfully on the urinary passages, more particularly *oximel colchique*. The other diuretics so much vaunted for arthritic gout, are almost useless. I must except champagne and whey, which I have already named, as useful in the acute paroxysm of this disease.

There is another remedy still more simple, much more easy to prepare, and by no means expensive. A decoction of linseed, with a little spirits of nitre, two or three tea cups full to be taken before breakfast. We may smile at this remedy, which certainly holds a very modest place in the *anti gouty* pharmacopia, but I can positively assert that the result has always been favorable. It is evident that this only acts as a dilutive, facilitating the free course of urine, and thus carrying off certain principles producing gout.

5th. *The anti-periodicals* must have a decided action on gout. Physiologism, which has prevented the progress of therapeutic, had adopted the strange idea that gout was only a chronic gastritis, while nothing is more evident than the full digestive powers of gouty patients. What has been the consequence? That quinine, as a remedy for the gout, has been completely overlooked. Yet Held, Haygarth, Small, and Tavarès, portuguese physicians, pointed it out as a cure. Tavarès having a gouty patient, he secretly consulted a sort of quack, and the patient was cured. Tavarès, anxious to become acquainted with the lucky secret, obtained the most correct information, and found that this efficacious remedy was nothing but quinine; he afterwards administered it himself with the greatest success. Gianini, Alphonse Leroy, have also obtained the most satisfactory results. When experience puts these remedies to the test, they are speedily declared useless, dangerous, or efficacious; but the mode of trying is most essential, and produces the most positive results. Hitherto no methodical trial has been made of quinine in the gout, and practitioners are yet undecided.

Besides, as periodical attacks of the gout are never very exact, it would be difficult to believe that the action of quinine could put a complete stop to the paroxysms of this disease; nevertheless, I prescribed quinine to four patients afflicted with gout; since then, that is to say, within the last two years, these patients have only had slight attacks of gout. But speedy conclusions are so fallacious

in therapeutic, and it can so seldom be asserted that a patient has been cured by any particular remedy, that it is better to state a number of cases relative to the important malady to which we now give our attention. It suffices for us to know, that quinine may be rationally employed for the gout, and can produce no fatal result.

6th. *Empirical remedies.*—In this class are understood all those whose action cannot be traced to any positive indication. These remedies are very numerous, independently of those that quacks and gossips continually recommend to the opulent. I shall be careful how I draw these medications from the obscurity into which most of them have fallen, as well as their supporters, who enjoyed transitory fame. How many quacks, now loaded with the odium they merit, have nevertheless had the reputation of curing the gout. Then, again, why reject all without examination? Chance, instinctive inspirations, may lead us to the discovery of most important subjects. Jenner did not despise the vulgar report spread in the county of Gloucester: from thence resulted vaccination. Blind empiricism and dogmatic pride are to be equally avoided in medicine. I once knew a man who had not the slightest knowledge of our art, not perform a radical cure, but give the gouty patient much relief by the external and internal use of a foetid substance, that I afterwards found to be the animal oil of Dippel, a medication perhaps too much neglected in the present day. There are also empiric remedies used by very clever men; among these may be classed the enormous quantity of warm water prescribed by the late Gassicourt the younger. James's powders, *eaux gazeuses*, &c. &c.

Dr. Wytt, quoted by Scudamore, relates an example of the remarkable effects of lime water *to procure perfect exemption* from frequent returns of fits of the gout. I am well aware that among these empiric remedies, there are some of so extraordinary a nature, that a sensible practitioner is averse to their usage. Yet we must recollect, that when the gout has become chronic, and has deeply penetrated the economy, it is a principle highly destructive to our organs, and every means should be sought to destroy it, or at least arrest its progress. Again, it often happens that a medication that does not benefit one patient may cure another, which, as I have already observed, would almost make us excuse the ridiculous *polypharmacy* directed against the gout.

7th. *External remedies.*—When I spoke of the acute paroxysm of the gout, I named the topical applications which appeared the most efficacious. I shall now merely add, that in cases of chronic gout, we must insist on external applications being tonic, to a degree adapted to the weakness of the articulations. Among these medications I class Pradier's plaster, the receipt for which may be found anywhere; Quarin's liniment, with boiled soap and camphor; bathing the feet in feruginous water, or in a decoction of tobacco; and sulphureous baths.

We must not forget iodine pomatum, recommended by Dr. Gendrin, of which I have witnessed the good effects.

In chronic gout the articulations are sometimes filled with concretions, formed of one part of urate, of phosphate of lime, and an animal matter. I say sometimes, for in certain cases of gout, there is no formation of this nature, while in other cases, it abounds. These concretions are occasionally so abundant that the whole economy seems saturated. This gave rise to the observation that persons long afflicted with gout might be said to be buried in chalk, and that a tomb might be made of the plaster furnished by their articulations. However this may be, cases of this description are very scarce.

These concretions seldom exist in the suffering articulation; external applications have not the power of dissolving them, but they gradually decrease as the gout becomes less intense. But if they be numerous and bulky, it is almost impossible to destroy them, not only on account of their seat and their adherence, but because they shew the disease to be of long standing, and that there exists a positive gouty cachexia.

8th. *Hygienic means* have such importance in this disease, that without them no treatment can avail; they alone cause sufficient improvement to make the disease tolerable. The fact is incontestable, and however much practitioners may differ on other subjects, on this point they are unanimous. The fundamental principle is, that the system should be excited as little as possible, either physically or morally.

The importance and the truth of the general considerations here made respecting the gout are evident. Animal food must be little used, vegetables are far preferable. Wine and spirituous liquors do not engender gout, though it is often asserted that such is the case, but they undoubtedly keep up the disease, and render it more complicated. I am acquainted with two physicians afflicted with the gout; their attacks are not severe, unless they drink a little wine, they then immediately suffer acutely. One of these gentlemen, compelled to be abstemious, fancied himself cured, although aware that the primitive cause, the virtual arthritic principle was not eradicated from the system.

Judicious practice of medicine has however, shewn, that too much importance must not be given to this precept; therefore, frugality, however strongly recommended to gouty patients, should be modified according to circumstances.

For instance, in cases of chronic atonic gout, too great an abstinence weakens the organism as well as the articulations, to such a degree, that the patient can no longer walk. The same may be said of beverage; if the patient be young and vigorous, the constant use of water is indispensable; but when the strength of the patient has been diminished by frequent attacks, wine and water may be taken.

For those patients whose gouty diathesis has worn out their constitutions, and weakened their organism, reason and facts shew the necessity of taking a little good wine, and light strengthening food in order to ward off serious accidents. On the whole, as in most chronic affections, the diet must be regulated on the knowledge of the precise state of the patient, confirmed by experience, and ratified by the constitution. We may thus see the true meaning: *natura paucis contenta est, et temperantia cum actione contra podagram.*

To remain in a warm climate is certainly a most powerful remedy for the gout. A vast number of Englishmen get rid of this disease when they reside in India, but on their return to England, even after an absence of many years, the disease always reappears.

I have met with gouty persons in the mountains of Spain, who have obtained great relief from residing in the plains, in the south of this beautiful country.

Bodily exercise giving activity to the circulation, and restoring to the skin its dynamic capacity, and all its respiratory faculty, is an excellent antidote for the gout. But this exercise must be moderate, and well regulated. Gentlemen who hunt one day, and the next remain in a state of complete repose, nearly approaching to indolence, should not be held up as examples.

Flannel and a flesh brush are indispensable. Our observations on rheumatism are alike applicable to the gout, and the principles we have laid down are founded on experience. Nothing tends so much to cure the gout as good temper and an undisturbed mind. Whoever wishes to be free from gout, or at least diminish its painful intensity, must shake off the yoke of his passions, avoid as much as possible all strong emotions, and even excess of joy more than sorrow. I am well aware that this precept, found in every medical work, is easily laid down, though not so easily followed; but I also know that reason never forfeits her rights, and if Posse-
lenion's observation, quoted for so many centuries, is a proof of stoic pride, it also shows the power of the mind over physical sufferings. At all events, recourse must always be had to moderation and prudence. *Abstine vel sustine*, there is no possibility of leaving his circle, traced by medicine and philosophy. We shall terminate these studies by a few practical considerations on anomalous gout.

On GASTRALGIA, by H. C. LOMBARD, OF GENEVA.

SOME years since, I made known the result of my experiments on the use of subnitrate of bismuth in gastralgia. Since then I have had numerous opportunities of trying the good effects of this medicine. In most cases of gastralgia that have come under my notice, I have always prescribed bismuth, and have generally obtained a

remarkable improvement, often a perfect cure. Gastralgia, with or without vomiting, mostly gives way to the administration of bismuth; the pain and vomiting attendant on the cancer of the stomach are also calmed by this medicine, although the progress of the disease be not arrested; but to relieve is ever a great desideratum even when there is no hope of cure.

Whatever may be the antigastralgic properties of bismuth, it must be allowed that there are a certain number of cases that do not admit of its use, and the practitioner is compelled to have recourse to less efficacious means. I have endeavoured to ascertain which were the best substitutes for bismuth, and in which case they succeeded when this medication failed.

I shall first point out oxide of zinc which has calmed gastralgia and vomiting, unsuccessfully treated by bismuth. Oxide of zinc may be administered in doses of six or twelve grains in twenty-four hours; its action seems to be nearly similar to that of bismuth, that is to say, it causes a sedation of the pneumo gastric nerves.

The use of zinc is specially indicated in gastralgia sympathetic with leucorrhea, it then, perhaps, exercises some influence on the secretion of the uterine mucosities, and its action on the stomach is only secondary; however this may be, females affected with leucorrhea who suffer from violent pains in the stomach are greatly relieved by the use of oxide of zinc added to some narcotic agent, such as an extract of hemlock or opium.

The action of alkali is very different from that of bismuth and zinc; and it often occurs that medicines belonging to this class succeed where metallic sedatives have failed. We have observed that pyrosis, acid vomiting, and gastralgia in all its forms, apparently dependent on acid on the stomach, generally give way when bismuth is taken; there are, however, some cases, in which this medicament fails; then a chemical medication arrests the morbid symptoms; the use of soda, potass, magnesia and lime, often cure the different forms of gastralgia we have mentioned. The subcarbonate and bicarbonate of soda are most beneficial in cases of pyrosis and acid vomiting; they are also very useful in a species of gastralgia originating in the want of a sufficient quantity of salivating secretion.

Gastralgic symptoms are accompanied by dryness of the mouth in speaking, or after mental emotion, and particularly by the want of copious drink to assist mastication, and later on, digestion.

In these cases soda water, or the waters of vichy, are most desirable; subcarbonate of magnesia, lime water, or a solution of caustic potass, answer the same purpose, in all cases where acidity is the predominant feature of gastralgic symptoms. The solution of caustic potass, administered in doses of a few drops in an aromatic infusion, has often succeeded when other medicines have failed; its action seems to be both chemical and tonic, and this combined property is

precious in a number of cases where the acid secretion is caused by a debility, which tonics only can surmount.

To this last cause are probably due the good effects obtained by a singular method formerly much in vogue. I allude to the injection of hot water in considerable quantities, to be swallowed as warm as possible. This remedy has calmed gastralgia in cases where neither bismuth, alkalies, nor antispasmodics had been effectual; it was most successful, particularly in females who are not regular, or those affected with leucorrhea.

Seven or eight ounces of water should be taken as warm as possible, which dose may be repeated, two, three, four, and even eight or ten times in the course of the day, principally when the pains return, and whether the stomach be full or not. In most cases I have not found it necessary to mix anything with the water, which patients generally prefer pure.

This medication has been taken during several weeks, without weakening the stomach, and not only has gastralgia, which for years had resisted every other sort of medication, been cured by these simple means, but the digestive functions have recovered their activity, and a regularity which has given strength and *embon-point* to debilitated patients.

It is probable that mineral waters, with but slight active principles, are as powerful by their temperature as the hot water is by the quantity taken, and it appears that hot water would be an excellent substitute for mineral waters, as its administration has often superseded the necessity of sending patients to take mineral waters.

There is no practitioner who has not had frequent opportunities of observing a return of gastralgia under the influence of moral causes, and who has not remarked that the derangement of the digestive functions in most patients may be generally attributed to sorrow and mental emotion; it is, therefore, easy to understand that antispasmodics are advisable, either as principal medicines, or as accessaries in numerous cases of gastralgia. Experience shews that either valerian or assafoetida, and other medications of the same class often calm nervous gastralgia: the animal oil of Dippel, one of the most potent antispasmodics in the pharmacopia, succeeds in similar doses of eight and ten drops per day, given in pills, on account of its nauseous taste.

Purgatives sometimes succeed where every other remedy has proved fruitless. In young girls affected with chlorosis, and who do not menstruate sufficiently, gastralgia, with or without vomiting, is one of the most constant symptoms which is never relieved by sedatives, or antispasmodics.

Acrid purgatives, especially aloes, relieve gastralgia, by causing numerous stools, and by probably strengthening the uterus, whose functions act on the stomach by means of the sympathy existing between the two organs. Gastralgia, caused by atony of the liver,

or by decrease of the biliary secretion, requires a purgative. Mercurial preparations are often insufficient to bring the liver to its normal state, then saline purgatives, aloes, colocint, and guggutta, put a stop to the vomiting and pains in the stomach, for which all other treatment had proved fruitless. Leroy's remedy probably acts as a purgative, and its success in many cases cannot be doubted.

Gastralgia often results from the atony of the muscular fibres of the stomach, and in this case the digestion is imperfect and remarkably slow, thence arise pain, heat at the epigastrium and vomiting, originating in the food being badly digested.

These different symptoms are favorably modified by a medicine having the property of accelerating the muscular contractions of the stomach and intestines, as *nux vomica*, in doses of a few drops of tincture or a fraction of a grain of the extract, which powerfully aids digestion in accelerating the passage of the alimentary bolus into various parts of the stomach and the small intestines; this same medicine is very precious to induce stools in persons who have atony of the intestinal muscles. One or two drops of tincture generally suffice to effect this purpose.

There is another species of gastralgia to be treated by a particular method, which is the nervous surexcitation of the stomach that not only renders the contact of the aliments painful, but almost insupportable, thence arise those pains and vomiting which occur a few minutes after the repast.

A few drops of laudanum in the first spoonful of soup, generally calms the pain and vomiting, by blunting the mucous membrane of the stomach, and thus permitting the contact of the alimentary bolus, and its regular passage in the duodenum.

Internal medicaments are not employed alone in gastralgia; external applications, either sinapisms, blisters, moxas, or soothing plasters, as morphia and prussic acid, are most beneficial in vomiting, and in cramps in the stomach. Cutaneous derivatives are a valuable resource when other methods of treatment fail, or act slowly; sinapisms are useful when there is great pain, but blisters are far more successful, particularly if suppuration be maintained by epigastric pomatum: blisters applied to the epigastrium have sometimes cured gastralgia that existed for a considerable length of time. The most desirable effects have been induced by a blister on the nucha in gastralgia which depends apparently on the morbid state of the brain or pneumo gastric nerves; it seems more appropriate to apply the derivation as near as possible to the origin of the nerve; this physiological consideration has led me to place the blister on the nucha, and thus succeed in calming vomiting that had existed several months; gastralgic pains are also relieved by the method I now lay before practitioners as one of the most effectual for vomiting, either spasmodic or of any other nature.

The use of antispasmodics and narcotics, on the epigastrium,

often succeeds in calming the most severe gastralgia, a plaster of assafoetida useful in cases of palpitation, is also efficacious in calming gastralgic pains, particularly when they originate in nervousness, and are relieved by antispasmodics. But whatever virtue assafoetida may possess, it is by no means equal to morphia and prussic acid applied as frictions on the epigastrium ; morphia and cyanure of potass may be mixed with water, in proportions of six to twelve grains of these salts, to three ounces of water ; morphia and cyanure of potass may also be mixed with lard, and three to six grains of each should be added to an ounce of lard.

Having made some observations on the different medications that relieve the pain and arrest vomiting in gastralgia, we shall merely add a few remarks respecting the treatment of this disease and the regimen which persons subjected to it should adopt. In the first place, the absence of all indigestible food is essentially necessary ; secondly asses or cows milk, should always be tried : and if they do not agree with the patient, jellies and eggs may be taken. There are cases of vomiting in which all medications are impotent, and yet a tea spoonful of milk taken every quarter of an hour gives relief ; it therefore appears probable that if milk alone can be retained, while all other liquids are thrown up, it is the only one that acquires solidity on reaching the stomach, and it does not consequently induce contractions in occupying successively different positions of irritated membrane. The action of ice is diametrically opposite to that of milk ; as from a solid it becomes a liquid ; but then its tonic action subtracting the caloric from the surrounding parts compensates for the local influence of the liquid. Ice is considered one of the best antiemetics in use. Effervescent and saline draughts have the same properties. White of egg beaten up and mixed with water is a valuable beverage in cases of gastralgia. I shall end these practical reflections by stating that change of air, particularly in an elevated situation is most conducive to the cure of gastralgia attended with vomiting of long duration. I have often cured patients by this latter method when every other had failed, and that no benefit whatever had been derived from the different medications abovementioned.

Practical remarks on CANCER OF THE STOMACH by H. C. LOMBARD, of Geneva.

CANCERS of the stomach mostly originate in moral causes, if I may judge from the facts I have had an opportunity of noticing. In almost all cases of cancer of the stomach, sorrow and painful emotions have long existed, and there has generally been a predisposition to melancholy before the disease appears. In some cases excess of drink has been the only appreciable cause ; at other times cancer has been developped without any, apparent cause or

distinct symptoms, and I am led by this circumstance to say a few words on certain symptoms which play an active part in the cancer of the stomach; for instance, the extreme acidity of the gastric and salivating secretion; a fact worthy of the attention of the pathologist as well as the physician. If the saliva and matter thrown off the stomach be put to the test, their acidity is speedily ascertained, and it is by no means uncommon to hear patients complain of having the œsophagus burnt, and the teeth set on edge by the vomiting. On this circumstance I have founded the palliative treatment I adopt in cases of cancer on the stomach, which consists in administering alkali in various forms, and with decided advantage, in arresting the painful tumefaction of the stomach distended by gaz, or in preventing the acid vomiting. The aspect of the matter brought off the stomach is too well known to require any observation: I shall merely remark, that it most commonly resembles a linseed poultice.— Sometimes it is like brown pomatum, though the patient has not eaten any thing likely to cause such a return. It is probable that these matters are produced by a particular secretion, and a mixture of a certain quantity of blood, the albumen of which being coagulated, forms the matter alluded to.

I cannot terminate the observations relative to symptoms without contradicting the statement made at the academy of medicine very lately, that in cancers of the stomach there is always an external tumour. I have brought forward cases which directly prove the contrary; and if I may be allowed to judge from recollection, I should be rather disposed to consider the absence of an external tumour as more frequent than not.

The different remarks on gastralgia are equally applicable to the first and second degree of the cancer of the stomach, which in fact are generally considered as a simple gastralgia, until pultaceous vomiting, or the development of the epigastric tumour, leaves no doubt as to the existence of a cancerous disease. In 1830 I had already observed the good effects of bismuth in relieving the pain and vomiting, attendant on the cancer of the stomach. I have had many opportunities of trying this medication, and having done so for several years, have found it cure the pain, and arrest the vomiting for weeks, sometimes months, during which the disease seemed to have entirely disappeared.

General Considerations on the DISEASES OF CHILDREN and their THERAPEUTIC.

Hospital for sick Children.

Of all the diseases observed in the hospitals of Paris, none seem to

call for more special attention, or to afford greater interest to the practitioner than the study of diseases incident to childhood : there is an hospital in Paris expressly adapted for sick children. No idea can be formed of the number and variety of acute and chronic affections met with in this establishment, especially in the ward we intend to review, which may be considered one of the most curious in the hospital, on account of the number of children, and the nature of their complaints. Dr. Banelocque's wards are divided in acute and chronic diseases. The first division contains about sixty beds, occupied by children from two to fifteen years of age. A ward of thirty beds is destined to older children ; another ward contains children under five ; and nervous diseases, epilepsy, chorea, convulsions are attended to in another ward.

The division of chronic diseases composed of three small wards contains those patients who are scrofulous, or who have diseases of the skin. This part of the service is the most interesting, owing to the pains M. Baudelocque takes in the treatment of these children, and by the variety and multiplicity of medications he employs. All the patients in this ward are girls.

Among affections so numerous, and so various, we shall be puzzled which to choose ; we shall put aside all facts which are not immediately practical and merely make our readers acquainted with what is eminently useful.

M. Baudelocque does not seem to approve of active medications in acute diseases of children ; he is of opinion (excepting in certain circumstances we shall take care to note) that when these juvenile patients are put in a suitable condition, the disease goes through its different stages, and nature powerfully assists the cure. For bronchitis, angina, and in general all eruptive diseases, the best remedy is to observe children, to put them on moderate diet, and keep them from all stimulating causes. If for example, a child has the hooping cough, he does not bleed, unless the young patient be very strong and full, or that there is some serious complication ; a moderate diet is prescribed, emulsions, and a few doses of white oxyde of antimony. With this treatment the attacks become slight, and the hooping cough gradually disappears.

The same remarks are applicable to angina preceding scarlatina, bronchitis which is generally the forerunner of the measles. Blood letting is very seldom prescribed in these cases. Dr. B. thinks it is better avoided, and he observes that in cases where leeches have been recommended, and that the recommendation has been neglected, the patients have nevertheless been cured.

We must however state that Dr. B. has more frequently recourse to bleeding in his private practise than in the hospitals : the children of the indigent are of a much weaker constitution, and seldom need the same antiphlogistic treatment as the opulent.

Dr. B. does not think an acute malady can be got rid of by profuse

bleeding. Its intensity may be diminished, its complications decreased, but to arrest it suddenly by bleeding is not possible. In a typhus fever for instance, neither sanguine evacuations, nor purgatives can arrest the progress of the disease, it must have its course, and if bleeding be not injurious, it is at all events useless.

But however cautious and timid Dr. B. may prove in acute diseases of children: he is equally active in the treatment of chronic diseases, employing alternately, the most active and varied medications, and neglecting none of the resources of medicine. The division of chronic disease is not assuredly the least interesting, and before we trace their particular history, we must cast a rapid glance on the different medications in general use.

Dr. B. frequently employs purgatives in the chronic diseases of children; there are certain affections for which he only prescribes opening medicines, and for most others, purgatives are nearly always combined with the different remedies he recommends.

Purgatives considered as a method of treatment, are usually given to children, and all other medicines are excluded, when they have for any given time been accustomed to take any medication. Aperient draughts are then to be administered twice a week; but if the child be under any other course of medicine, it must be suspended the day on which the purgative is taken.

These purgatives may be continued for several months without any fear of accident, the children do not appear to suffer, their appetite is not diminished, and we have seen several scrofulous patients who during two or three months were regularly purged twice a week, without the digestive tube having the least suffered from it. Certain diseases have been completely cured by this simple medication, others have seen their symptoms considerably amended, and the cure has been rapidly achieved by means of other remedies.

It is rather difficult to make children take medicine, owing to its disagreeable taste; Dr. B. has found the following prescription made up with coffee, answer the desired purpose, for it is by no means unpleasant to children, to whom it should be given early in the morning, and their breakfast sometime after.

Senna ʒiij.

Water four ounces.

To be mixed with coffee, to which a little milk should be added.

This purgative has a good effect, children take it with pleasure, and it generally procures eight or ten stools without colics.—Manna, or sulfate of soda, is sometimes substituted for senna.

It is rather the fashion at present to prescribe syrup of acorns, which was lately termed a *precious tonic*.

This syrup is extracted from acorns, torrefied and reduced to a powder, of which a syrup is made.

A decoction of hops so frequently prescribed for children, and taken so reluctantly, has been replaced by *oxymel scillitic*.

extract of hemlock, arseniate of soda, barytes, &c. &c. preparations frequently employed by Dr. B. Our readers will be able to appreciate the value of these substances by the numerous cases we shall bring forward. In the mean time we shall say a few words on the manner of administering them.

Extract of hemlock is generally given in doses of four to ten grains; which dose is increased gradually, and as much as forty, or even sixty grains may be taken. No accident occurred from the administration of this medicine, when, since, all the patients who had taken it, were on the same day afflicted with head-aches, vertigo, and other symptoms of poison. These accidents were attributed to a change in the mode of preparation, the apothecary having that day made use of a new extract.

Arseniate of soda is at this present time prescribed for a girl who has a lupus on her nose. After removing the scab by poultices, cauterization with hydrochloric acid has been resorted to, the treatment with arseniate of soda, was then commenced, and we have not yet had sufficient time to judge of it. At a future period we shall give an account of its results.

A girl of eight years old, having a white swelling of the lower articulation, takes muriate of barytes, two ounces of solution of muriate of barytes in two doses, one in the morning the other in the evening, each ounce of solution contains one grain.

Muriate of barytes has been lately given in enormous doses. Baudelocque has never been able to prescribe more than five grains without danger. Chronic ophthalmia are very numerous—Physicians have lately prescribed tincture of *Rhus toxic-*

glutinis affected with chorea and epilepsy are also very numerous. Baudelocque has obtained great success with sulphuric baths in the treatment of chorea; he has also administered sulfate of quinine to a girl, who had long been subjected to vertigo, these attacks were similar to those of chorea, her arms and legs were convulsed, she recovered in a few minutes, and appeared in a state of health.

Generally those children treated in the wards of chronic diseases, are restricted to an alimentary diet, and eat according to their appetite, unless a complication arises, they have wine and meat. Children who are affected with acute diseases are very seldom put on a diet, experience having proved that the privation of good food during any length of time, is very prejudicial to children. Thus milk, eggs, vegetables, meat, are given in abundance in regard to the digestive faculties of the juvenile patients.

ON THE CAUSES AND PRACTICAL CONSIDERATIONS ON THE GANGRENOUS STOMATITIS.

Gangrenous inflammation of the mouth in young children, is

very common in large towns, especially among the poorer classes. It is, therefore, by no means surprising there should be so many cases of it in the hospital for sick children. During the last six weeks, four affections of this kind have been treated by Dr. Baudelocque, and notwithstanding the danger of this disease, proved fatal only to one of the four children. We shall give a rapid sketch of the four cases, and shew the plan of treatment adopted by Dr. B.

On the 13th of September, a little girl, six years and a half old, was admitted into the hospital, with a cankerous affection of the mouth. This child had been ill for a week, and still had remains of the measles rash; the face was much swelled, the left side edematized, the eyelids nearly closed: in the middle of the cheek there was a sore rather larger than a shilling; inside the mouth was an ulceration, and the whole depth of the cheek was invaded; lower down there was another sore; a dark excretion, of very fetid odour, flowed from the mouth; the gums were swelled and bleeding. Two large sinapisms had been applied to the legs during the measles, and there remained two large gangrenous sores invading the chief part of the teguments of the legs. Auscultation shewed that the lungs were seriously affected. The pulse was slow, scarcely perceptible, and a continual diarrhea contributed to weaken the patient.

Although there could be but little hope of recovery, Dr. Baudelocque had the internal sore cauterized with hydrochloric acid, and externally with a hot iron; the eschars were then to be sprinkled with the powder of chloride of lime. He also prescribed a mixture of a drachm of acetate of ammonia, and an ounce of syrup of quinine, two moderate injections of bark, and the sores of the legs to be powdered with the chloride of lime.

The cauterization was renewed several times. The following day the pulse was better, there was no swelling round the cauterized parts, and the face was less edematized.

On the 26th, the cauterization was again made on the internal sore; four ounces of Malaga wine to be taken by spoonful, were prescribed; the syrup of quinine, the acetate of ammonia, and other means indicated were continued, but the young patient sunk, became delirious, and died on the 28th.

A post mortem examination was made the ensuing day. The perioste of the whole side of the lower jaw to the articulation was detached. The lungs were hepatized in various degrees, and sprinkled with miliary tubercles; the digestive tube was empty.

There was not the slightest chance of saving this patient; the state of the lungs rendered all care useless.

The cauterization, however, seemed to have a good effect on the stomatitis, which made no farther progress, the fetid odor no longer existed, a degree of reaction had taken place, but the double pneumonia and excessive suppuration arising from the gangrenous

sores on the legs, necessarily led to a fatal termination. In the other three cases this cauterization has been followed by a happier result, though one child was very young, and her state most serious.

A little girl, of five years old, had several gangrenous spots on the cheeks and upper and lower gums. This disease had also made its appearance during the measles. There was cough, fever, diarrhea, and the running from the mouth was so fetid, that it was difficult to examine it.

All the gangrenous parts were touched with hydrochloric acid, and then powdered with chloride of lime. Syrup of quinine, tonic, and antiseptic injections were prescribed. The fetid odour soon disappeared, and the gangrenous spots did not increase. The upper and lower teeth fell out with the mucous, and a large splinter of the maxillary bone, so that after the child's recovery there was a double solution of continuity which seemed to result from two semi-elliptic sections made in the upper and lower jaw.

This cure is undoubtedly very remarkable, and quite unexpected for children of the same age taken into the hospital, and having any severe illness seldom recover.

The other two cases offer but little interest after those just related. A little girl admitted into the hospital, had been ill three months, there was a considerable swelling of the under maxillary ganglia on the left side. When the mouth was opened, several ulcerations of the cheek, the palate, and the tongue were visible; this affection appeared local. The ulcers were touched with hydrochloric acid, then covered with powder of chloride of lime. A gargle of honey and syrup of bark was prescribed.

The progress of this stomatitis was arrested after the second cauterization, and the young patient left the hospital, cured, at the end of a week.

The fourth case is that of a little girl, who had two large ulcers in the cheek and on the tongue; the same treatment was followed as for the other child, and she seems to be in a fair way of recovery.

In the two latter patients, the stomatitis existed independently of any other disease, which does not often occur. This affection is almost always concomitant with an eruption, and especially with the measles, and there are generally serious lesions in the lungs, so that the stomatitis may be considered a dangerous complication, which hurries on the fatal termination.

The digestive tube does not in general shew forcible marks of inflammation, and the purging is apparently owing to deglutition of the matter secreted by the gangrenous mucous membrane of the cheek. The preparation of bark appears to be useful in moderating this diarrhea.

Cure of CHAPPED BREAST, by Lotions with Nitrate of Silver,
by Mr. ALLARD.

THE 25th of November, 1834, I was called to visit a lady who had been confined only three days, and who suffered a great deal from her breasts being chapped; I prescribed the following lotion:—

Distilled water one ounce.

Nitrate of silver two grains.

The patient bathed her breast with this lotion, after suckling her infant, and was perfectly cured in six days.

I prescribed the same lotion for two other ladies, who derived equal benefit from it.

Considerations and observations on the symptoms, treatment, and
result of DRUNKENNESS.

Dr. Bonté has published a memoir on drunkenness. He is of opinion that no special remedy can be adapted to this disease, which shews itself in such different degrees. Generally a few glasses of water, cold lotions on the head, and repose, suffice to restore calm; but sometimes the functions are so out of order, that it is necessary to employ more active measures, which, however, vary according to circumstances.

When, for instance, the stomach is too much loaded, and is painful, and that there is intolerable head ache, drowsiness, and general agitation, it is expedient to cause vomiting; a little tea will sometimes effect this object: if not, an emetic must be administered.

If there be symptoms of congestion of the brain, blood-letting must be had recourse to, without however, failing to bring on vomiting by every possible means.

Great praise has lately been given to ammonia, as an antidote to drunkenness; Mr. Bonté does not, however, grant much to this medication; he had recourse to it in the following cases.

A soldier was brought to the barracks completely drunk; thirty drops of ammonia were administered in a little water, in two doses, to be taken in half an hour; he was not sick, did not perspire, but in a quarter of an hour he was more quiet, went to sleep, and when he awoke, four hours afterwards, he was quite calm.

An officer being drunk at the very time he should have been at his post, it was important to bring him speedily to reason; twenty drops of ammonia in eight ounces of infusion of linden were administered, but had no effect, and the taste of this medicine was so disagreeable that he refused to take a second dose. A few hours sleep completely restored him.

oldier who was very drunk, took forty drops of ammonia, and it up what was on his stomach ; after a few hours sleep he was sober.

Bonté often prescribed ammonia, but never saw it bring a man senses immediately, though many practitioners have found it this purpose. M. Bonté prefers sulphuric ether, ten or twelve in an infusion of linden, generally has the effect of carrying off symptoms of drunkenness.

Remarkable case of PARALYSIS, EFFICACY of ELECTRO PUNCTURE, by M. J. CLOQUET.

On the 15th of September, Charles Adrien, aged fifty two, was admitted into the *Hospital de l'Ecole*, his right arm was paralysed. During the war this man had received a bullet in the elbow, amputation was considered necessary, but the man refused to submit. Nevertheless recovered, though a little injured. The articulation was ankylosed, but the hand retained its powers, and the patient had use of it, till within three weeks of his entrance into the hospital. This case confirms us in the opinion we have ever expressed respecting the too common habit of having recourse to amputation, when the patient might be cured by well directed gentle treatment.

When this patient entered the hospital, his right arm was completely paralysed, he had lost the entire use of it for three weeks ; there was no reason to suspect an affection of the brain or spinal marrow. The phenomenon might perhaps have been accounted for by rheumatism, but the patient had felt no rheumatic

nevertheless this may be, blisters and moxas on the the whole length of the brachial nerve were applied, and proved beneficial. But what best succeeded was the electro puncture, on the length of the nerves, from the shoulder to the hand. In the first instance it was scarcely felt, it afterwards became gradually painful, the feeling, motion and strength of the fingers returned by degrees, and the patient left the hospital completely cured.

General considerations on the Pathological Anatomy, progress, and treatment of TUMOURS in the BREAST, by M. LISFRANC.

Are tumours in the breast, known by the name of cancer, and are they not rather schirrus, carcinomatous in every respect? It has too long been the custom to give an affirmative answer, but long experience and numerous researches have led M. Lisfranc to draw the following conclusions.

Twenty-five years since, it was stated that well directed blood letting might cure cancers. Such was the opinion of a man of great genius, but as he was not a surgeon, he could not point out what this medication should be resorted to. Experience could alone decide the question, and the attention of several surgeons was attracted.

It was then ascertained that cancers of the skin might be cured by blood letting, M. Lallemand and M. Lisfranc himself, published cases of this kind; but when a similar attempt was made to reduce a glandular cancer it failed entirely. Yet M. Lisfranc remarks that when sanguine evacuations and resolutives had been properly administered, if the centre of the tumour remained in the same state its circumference was considerably circumscribed, and that a voluminous tumour, too extensively spread to permit of an operation became so much confined as to be easily extirpated. Dissection soon proved that in the middle of these tumours there was real carcinomatous tissue; further on, these tissues were only schirrus, and still deeper there was merely a white induration and finally inflamed tissues.

This observation, founded on so great a number of facts, does not lead M. Lisfranc to conclude that the cancer is but an inflammation but in his opinion it is an irritated part, in the midst of our tissues causing a determination of blood which enlarges the diameter of the vessels; the tissues then become inflamed, then schirrus, then carcinomatous. Undoubtedly all cases are not similar, but the major follow this progressive course. It must then be concluded that when the cancer is too extensive to admit of extirpation, it is right to reduce the volume of the tumour by blood letting, and then dissolvents, unless the patient be too weak.

When the knife is used, the cancer is either extirpated, or the diseased part amputated. M. Lisfranc, in the numerous operations of this kind that he has had to perform, has observed that recidivus seldom occurred after amputation, though it frequently took place after extirpation. It is true, he generally takes off a quarter or half inch of healthy tissue, if the locality admits of it, because it cannot be doubted, that there is a certain analogy between the cancerous parts, and those by which they are surrounded; thanks to this precaution, patients who had been unsuccessfully operated two or three times have been quite cured by the last operation; when cancers are painful, and accompanied by decided symptoms of inflammation the patients should bathe frequently, take emulsient beverage, and be bled a few days before the operation; experience has shewn that patients thus prepared are far less subject to recidivus.

When an individual of seventy, eighty, or ninety, is afflicted with a cancer, is it right to perform an operation? In order to answer this question, distinctions must be established. An aged person, having a cancer that did not threaten immediate dissolution should certainly not be operated; but if the pain was great the cancer grew rapidly, and that death might ensue in a few

months, the operation should undoubtedly be performed ; the justice of this precept may be substantiated by numerous facts, and we give the following case as well worthy of attention.

A creole who was very thin, active, and having the viscera in excellent condition, suffered dreadfully from cancer, M. Lisfranc did not like to perform the operation on account of her age, she was ninety six ; but the pains became so acute, that M. L. made up his mind to extirpate the cancer ; this lady was cured, lived to be a hundred and one, and did not die of recidivivus.

When all the circumstances that may cause recidivivus are considered, the question of heredity naturally presents itself. If a person afflicted with cancer has already lost several relations by this disease, can it be considered as a contra indication to the operation ?

It is not positively so, though it cannot be denied that the danger of recidivivus is greater. Tumours of an enormous size, hard, and even adherent have been taken off, and there has been no recidivivus, though the patients had members of their family who had suffered in a similar manner ; but in all cases their organs were healthy at the time of the operation.

The cancerous diathesis should not prevent an operation if the viscera be healthy, unless the bones are soft.

The number of recidivivus should give no cause for alarm, while the organs are healthy, and the diseased part can be taken off, and that there is no necessity for making too extensive a wound. There have been patients who after, three, four, or five recidivivus have been effectually cured, and have lived ten, twelve, fifteen years, without offering any traces of cancer ; the more serious cases are those in which there are round the cancerous tumour, small swelled lymphatic ganglia, these ganglia, not always noticed by the surgeon, become later on, the origin of a fresh cancer, which grows in six or eight place at once.

Mr. Lisfranc has met with ganglia, the size of a grain of millet, under the pectoral muscles, in the coats of the breast, under the scapulum, in as large a number as in diseased swine. These tubercles are the origin of so many cancers, which are often developed before the wound is cicatrized. There is positively nothing to oppose to a recidivivus of this sort, and all operations should be avoided.

It is sometimes impossible to take off all the swelled tissue surrounding a cancerous tumour ; anatomy will not admit of it. In these cases it is advisable not to perform an operation ; there are, however, examples of definitive cures obtained, even when the ablation of the swelled tissues had been imperfect. Mr. Lisfranc amputated the breast of a woman who had a large tumour near the arm pit. It was not thought proper to take off this tumour, and antiphlogistics were thought preferable. Leeches having been inad-

vertently employed on the swelled ganglia, a violent inflammation took place, and there were signs of fluctuation on the tumour.

Mr. Lisfranc thought it was an occult cancer, and in cases of this kind, the tissues must be divided as late as possible: he delayed opening the tumour, when on taking off the bandages, he was surprised to find an abundant discharge of matter; the ganglia were larger, but of good aspect.

By leeches, emulsions, and later on, resolutes and compression, a complete cure was obtained. Three months afterwards, this woman was presented to the academy. Several other facts might be adduced, but this one suffices to prove that lymphatic swellings surrounding cancerous tumours, are not always of the same nature. There are, nevertheless distinctions which should not be lost sight of, in order to form a proper decision.

Thus an operation should not be attempted if the swelling be of long standing, hard, knotty, voluminous, and adherent. If in this case it be impossible to take off all the diseased part, an imperfect extirpation of the tumour should not be attempted, as hitherto similar operations have never been attended with success.

But if the cancer be recent, not hard nor voluminous, nor adherent, there are still chances of cure, though it may not be possible to take off all the swelled tissues, and the chances will be greater if resolutes be judiciously and perseveringly employed.

Considerations and treatment on TRAUMATIC PARALYSIS, by M. BLANDIN, Surgeon to the Hôtel Dieu, in Paris.

John Bissière, aged thirty-five, drummer in the 7th Light Infantry, was admitted into the Hôtel Dieu, to be treated for a traumatic paralysis of the right arm. There was a recent luxation of the right shoulder, it was easily reduced, without causing much pain; but on the following day the patient perceived that he had lost the use of his arm; on examination, Mr. Blandin found it paralysed, the hand was similarly affected, but the sense of feeling still existed. *Stimulating frictions, successive blisters on different parts of the brachial plexus. The blisters to be dressed with a solution of strychnia.*

After the fifth blister there was a marked improvement; the arm and fingers began to recover their powers. Mr. Blandin ordered a sixth blister on the commencement of the nerves already indicated. There is every reason to hope that the patient will be cured.

Cases of traumatic paralysis of the arm are by no means uncommon, this lesion appears in different shapes.

1st. The circumflex nerve of the deltoid, is alone injured or disorganized; in this case the paralysis is confined to the top of the shoulder, and the patient cannot raise the arm, but all the under

parts retain their normal state. This sort of paralysis or fracture may occur either after a fall or a blow.

Antiphlogistics and local soothing applications, in the first instance, then stimulating frictions, with a mixture of tincture of cantharides, ammonia, balm of Fioravanti, sweet oil of almonds, generally cure this species of paralysis. Sometimes, however, these remedies do not suffice, and the use of the arm may never be recovered, if the nerve be disorganized, or if the infirmity be not more energetically attacked.

In February, 1830, a coal-heaver, aged thirty-two, was admitted to the Hospital *de la Charité*, in *Paris*, having lost the use of his left arm; he was carrying a hod, heavily laden, and had fallen on his shoulder, three weeks since; the strap which was round the neck had tightened the top of the shoulder and armpit so violently, that he had suffered considerable pain, and had not since been able to raise his arm. Pins stuck in the deltoides, unknown to the patient, were not even felt. The inferior joints, however, he could move as he pleased.

Boyer diagnosticated a lesion of the circumflex nerve, and prescribed several frictions a-day with the following lotion:—

Balm of Fioravanti \mathfrak{z} jv.

Liquid ammonia 3 ℥.

Tincture of cantharides \mathfrak{z} ℥.

The patient, after following this treatment during a fortnight was considerably better, he could raise his arm, and make use of it. He left the hospital, and was advised to continue these frictions ten minutes each time. Boyer has related a similar case.

2nd. Sometimes the lesion is situated in the sub-axillary part of the brachial plexus, which may occur in the dislocation of the humerus, either subcoracoid or subclavian artery, (by some authors this is considered as a dislocation forwards.) In this case the patient endures a combination of painful sensations, cold, and violent pain. The arm is powerless, the hand seems dead; a sense of feeling may still exist, as is the case with Mr. Blandin's patient, above mentioned; but sometimes this does not occur. Treatment with irritating liniment has also occasionally succeeded in paralysis.

A woman, aged fifty-one, fell on her right elbow, she was reaching out her arm to find support against the wall, and dislocated the humerus. Great pain in the articulation of the shoulder, torpor, and a sense of cold in the inner side of the arm and hand; no power of moving the wrist or fingers. The patient was taken to the Hôtel Dieu, and Desault made the reduction without any assistance.

The following day, as the torpor continued, and the muscles were inactive, and the skin without feeling, the shoulder and the arm were rubbed with liniment, composed of an ounce of oil of olives, and three grains of volatile caustic alkali.

These frictions were repeated twice a day during three weeks with little advantage; but the quantity of alkali having been much increased, the arm became red, phlyctena arose, which made it necessary to suspend the liniment. Shortly afterwards the skin recovered its sensibility, the muscular paralysis ceased, and the patient soon had the perfect use of her arm.

An important circumstance that should not be lost sight of, is, that dislocation may happen frequently after it has been reduced. Dislocation is often the result of paralysis; in Dupuytren's ward there was an old woman whose left arm was paralysed by an affection of the spinal marrow, she could not raise her elbow without dislocating the humerus, but it was easily reduced by moving the arm up and down. There are numerous cases of this kind both in ancient and modern works.

Paralysis of the arm, by lesion of the sub-axillary of the brachial plexus may be attributed to other causes. An accidental wound, an ill performed chirurgial operation, such for instance as the ligature of several arteries together. The consequences of this sort of paralysis are sometimes very serious, gangrene may arise and terminate in death; or else a sort of *mummified atrophy* embraces the whole of the paralyzed part. Nevertheless in some circumstances the impotency disappears, and the patient recovers. These propositions are confirmed by the experiments made on dogs by Pouteau and others.

Although the brachial plexus may have been disorganized, or divided at one end, yet the two extremities may eventually be joined, and the normal innervations reappear (Larrey); or else an intact portion of the same nerve has the transmission of the sensitive principle. An officer had part of the brachial plexus divided by a bullet, the arm was paralyzed. Mr. Poirson endeavoured to restore muscular power by stimulating frictions, some parts had nearly reached their natural state, when mental causes carried off the patient. A post mortem examination proved that the nerve had been wounded.

Sometimes the source of the traumatic paralysis is in the origin of the brachial nerves. Ill directed or too violent efforts in reducing a dislocated member may injure the roots of the brachial plexus, and cause a sort of apoplexy which proves fatal.

When stimulating frictions had not the desired effect, the ancients were in the habit of applying hot iron for paralysis. Mr. Severin in his treatise of *Medicina efficaci*, has related two cases of paralysis of the arm which he cured by putting a hot iron on the shoulder, a remedy advised by Hippocrates and Galen. Larrey has also proved, by many experiments the efficacy of this remedy. There exists no doubt at present of the cure of paralysis of the arm, even when the brachial plexus or spinal marrow has been injured by a bullet—thanks to the power of moxas placed along the same nerve. This therapeutical fact is now no longer contested.

Strychnia, which has lately been employed, according to the dermic method, for paralysis, may be considered as a valuable addition to the means already used to obtain a cure.

We must however observe that this mode of introducing strychnia has its disadvantages; the ulcerated surface is speedily covered with false membrane, and there is no absorption after the second or third dressing. Mr. B. therefore applies blisters on different parts, and thus obtains an effect doubly useful—a stimulant and revulsive by the blisters, and a special one by the strychnia, and if requisite this medication could be rendered more energetic, by uniting it to oxas and stimulating frictions at the same time.

Note on OILY INJECTIONS in Cases of DRY LABOUR.

M. MONTAIN has published a paper on oily injections, which he proposes introducing into the depth of the womb, by means of an instrument, called the uterine syphon. This syphon consists of a silver tube, five or six inches long, slightly bent, and pierced with holes at one extremity, the opposite side admits the tube of a common syringe. This syphon is, by the aid of the finger placed between the head of the fetus and the neck of the uterus, and the dry parts are sprinkled with oil. Mr. Montain has always found this slight operation prove beneficial.

This practitioner has employed the same instrument to introduce into the vagina, and even in the uterine cavity, a solution of ergot of rye, thus prepared:—let half an ounce of ergot of rye be ground, and infused in three or four ounces of alcohol; this mixture to be reserved in a well corked bottle. One or two spoonful to be mixed with warm water, is injected by means of the uterine syphon, and the injections must be repeated till the desired effect is obtained.

It is thus easy to avoid giving ergot of rye internally to those females, in whom the irritability of the nervous system, or state of inflammation of the digestive organs, would prevent this medication remaining in the gastric mucous membrane, and it would be easy to moderate its effects by sedative injections, were they found too powerful.

CANCER of the UTERUS,—Lymphatic Vessels, containing encephaloid matter.

By DR. HOURMANN. Agrégé à la faculté, de Paris.

THE study of organic alterations in the lymphatic system, like the alterations in the venous system, is of the deepest interest, as most probably destined to enlighten a question of high pathological physiology. For this reason the general attention of medical men was attracted

as soon as anatomical works revealed the existence of this important apparatus. But for a long while hypothesis usurped the place of exact observations; and if, in the present day, thanks to pathological anatomy now so rigorous and positive, all these hypotheses are noted and the greater part destroyed, science nevertheless is still far from having on this point acquired all that is essential, and it is easily ascertained that the peculiar lesions of the *lymphatic vessels* are but little known. Too many materials cannot be furnished on this subject, and this opinion induces us to relate the following case.

An old woman of seventy-five was admitted into the hospital *de la Salpêtrière* in 1836, she was in a state of extreme emaciation the mind and body seemed alike worn out. Her complexion was straw coloured, and indicated a deep organic lesion, a profuse discharge from the vagina having a most fetid odour indicated that the seat of the disease was in the uterus. The patient was in pain, but being closely questioned, said she had formerly suffered very severely, and she thought the disease had existed three years. The touch left no doubt as to the intensity of the malady, the finger reached the neck of the uterus, and plunged into a mass of putrescent and clotty matter, which appeared to fill the whole of the pelvis. The rectum was explored, and no solution of continuity found; it was the same with the bladder, its state was ascertained by introducing a catheter.

This patient was so extenuated that there could be no hopes of her recovery; attention to cleanliness, and nourishment calculated to maintain the little strength left, was all that could be done for her; she expired three weeks after her admittance into the hospital.

The poor creature when she died was literally nothing but skin and bone, one part only excepted which was the vulva, and the nymphæ were so œdematized and swelled that the orifice they circumscribed was completely obtused. The abdomen was opened, the pubis taken off, and the cavity of the pelvis fully exposed, a brown knotted lump as large as the head of a fetus of six or seven months represented the uterus and its appendages, and occupied the pelvic excavation between the rectum and the bladder. The face of the lump, smooth in several places and covered by the peritoneum still intact, was here and there altered, the edges were turned down and the inside covered with grey fungosities; the scalpel was employed to bring away a pulp that might be compared to wet liver. The rectum was healthy. The bladder alone was slightly affected. The incision of the morbid mass covering the uterus and its appendages, of which no traces could be found, had all the character of an encephaloid cancer, and the soft matter combined to the infiltrated uterine tissue gave the appearance of mud, which is natural to cancer of the uterus, though difficult to describe properly; so far nothing uncommon had been observed at this post mortem examination, but on proceeding, a portion of the intestines having been detached

plexus of knots, forming a lump the size of the fore finger, and of a yellow colour appeared on each side of the lumbar column. These knots sprung from the pelvis, and took root on the cancerous mass of the uterus, from the lateral parts of which they were detached. In following their traces, they were found to proceed from the bottom to the top, to the front of the artery, and ovaric veins, which they seemed to surround. On the top of the kidneys, these knots increased in size and number. There they parted from the ovaric vessels, and divided in two branches, one vertical and the other transversal. The latter branch was bent towards the median line, and meeting the aorta, united with the opposite branch. The junction was marked by an effusion. The vertical branches rose on the sides of the spine, and penetrated behind the aorta through the pillars of the diaphragm. They were found again in the chest as high as the eleventh dorsal vertebræ, and terminated at the thoracic canal, the right branch singly, the left branch by three or four shoots which reach the canal, some passing before, others behind the aorta. The thoracic canal extended where the right branch reached it, shrunk afterwards, and shewed nothing remarkable till the left sub clavian.

Wishing to examine this remarkable alteration attentively, I had the vertical column supporting the aorta, the thoracic canal, and the knots carefully cut away from the body, and afterwards made a preparation of this piece which I deposited in Dupuytren's museum.

A linear incision about an inch in length on the nodosities, enabled me to ascertain that they were the lymphatic vessels filled with the same encephaloid matter which constituted the cancer of the uterus. I took this matter from the canal of the vessels, and placing it in some limpid water, could distinguish the valvular folds which surrounded them, and caused by their structure, the alternate contractions which constituted the nodosities. The coats of the vessels were evidently enlarged, and I was surprised at their resistance to the tractions I made. They were transparent, and smooth inside. Laid out after the incision, they occupied a space of nearly six lines. The portion I chose, corresponded on the right with the sacro iliac symphysis. As to the matter extracted from these vessels, it was concrete, clotted and perfectly similar to the cancerous mass.

The lymphatic vessels were filled with foreign matter. Tiedmann Gmelin, and many others, have found bile in the lymphatic of the liver, and the thoracic canal, after tying the canal choledoque in dogs.

Blood has been found in lymphatics. Notwithstanding the objections made to these observations, facts brought forward by Fodera, Lauth, and others, are worthy of attention. Breshet has related a curious example of a collection of gaz, in the abdominal lymphatic system, communicated by Amussat. There are numberless facts to prove the frequency of pus in this class of vessels, and Moreau's

researches will furnish the most invaluable documents on this subject; but we are not aware of the existence of any authentic case of soft cancerous matter having penetrated the lymphatics. Hodgkin states that Sir Astley Cooper has, in a testicle affected with fungus hematomas, seen these vessels filled with encephaloid matter, which again appeared in the thoracic canal. A similar case has also been reported by Sæmmering, *De Morbis vasorum absorbentium* in which this author states that he has seen a *sanic ichoreuse* in lymphatics, which from a cancerous organ, reach organs commencing degeneration. Andral was able to isolate the thoracic canal on an old woman, who died of a cancer of the uterus. The duct was enlarged, and Andral clearly discerned in the interior, a sort of irregular and white stalactites perfectly analagous to the cancerous tumours: similar ones were also found in the thickness of the coats. This fact is strikingly different from the one that came under my notice, as the cancerous matter is not free in the interior of the lymphatic duct, but constitutes a direct lesion of its coats.

Observations.—Had this fact been published a few years since, it would have immediately been quoted in support of the opinion of those who, in the lymphatics merely see absorbent agents. It would have been compared to the observations of authors quoted by Hourmann, to the experiments of *Mascagni* on the swelling of the ganglia of the groin after *pediluves*, to the case in which Dupuytren found pus in the growing lymphatic of an abscess, and buboes resulting from virulent disease &c. &c.

Since Ribe's works, and the positive experiments of Magendie, and Breschet's publications on the veins, since the facts of pathological anatomy, relative to the vessels reported by Velpeau, Bouillaud, &c., all discussion is rendered superfluous, and the question seems nearly settled in the following manner:—The veins are the principal absorbent agents, the lymphatics fill the same office, but in a much lower degree, on account of their circulation. These vessels are charged with the absorption of chyle.

Hourmann's case may be considered differently; an example of absorption by the lymphatics may be seen. It must however, be admitted, that it is difficult to conceive that circulation can exist in vessels so deeply altered as those in the case in question, and yet to allow the possibility of re-absorption. Besides, the matter contained in the lymphatics had too much consistence for its presence by capilarity to be understood.

2nd. It cannot be supposed that the cancerous matter had been brought there by pressure exercised by the distended coats of the tumour, for through the vagina the finger plunged into a mass of pultaceous matter.

3rd. It may happen that the secretion, of which the uterus and its appendages, were the seat, may also have taken place in the lymphatic vessels.

However this may be, there is an important practical fact, viz.

that the lymphatic and their ganglia become tumefied, inflamed, altered after virulent diseases, or humoral causes. This is observed after a prick with the scalpel, intestinal ulceration, ulcers in the mouth or in the (*cuir chevelu*) running at the ears, excess exposed to the air, syphilitic and cancerous ulcers.

In most cases of cancers of the breast or of the uterus, of long standing, the vessels, and especially the lymphatic ganglia, are tumefied, and are sometimes found to have an affection similar to that of the tissues from which they emanate. In this case, the shape of the ganglia is generally rounder than in its normal state.

What is most remarkable in Mr. Hourmann's case, is, the isolation which he found the encephaloid matter, the smooth aspect of the surface of the vessels in contact with it, and the preservation of the valves, which established the structures which give rise to the nodosities.

ANALYSIS OF BOOKS,

NOUVEAU SYSTEME de PHYSIOLOGIE VEGETALE, et de BOTANIQUE, avec Atlas, et 60 Planches. 2 vols. in 8vo. par F. V. RASPAIL.

NEW System of VEGETABLE and BOTANICAL PHYSIOLOGY, with atlas, and 60 Plates, 2 vols. 8vo. by F. V. RASPAIL.

THE work we have before us, is destined to meet with the same success as the new system of organic chemistry. The author is progressive in his thoughts, as in his works; there is imprinted on the latter, a stamp of originality which distinguishes them from all others belonging to the same class.

The treatise now laid before the public, is both elementary and deep: elementary because the first part is given to the vegetable nomenclature, which is the botanical alphabet; deep, because it contains a series of all the vegetable, physiological phenomena from the early development of the grain, till the death of the plant; following by degrees its evolutions, explaining the laws that govern the influence of physical agents on vegetation in general, and on each particular organ. He proceeds beyond the death of the plant, follows it to its fossile state, and even carries his studies beyond the antediluvian times. This botanist commences his work modestly with the botanical alphabet, and as he proceeds with his pupil, he gradually rises and soars over the immensity of nature which but now he had studied in an almost imperceptible grain, he gives a creation of his own, and makes his readers assist at the birth of the Adam of the flora of the universe—he says, page 313.

“ When the terrestrial crust was solidated into granite under the influence of cold, that the aqueous vapours under the same influence were associated to the liquid, that gas turned into atmosphere, and that the light of the sun only shed a beneficial not a generating heat; by degrees, gas, water, and light were combined in organic particles, and these organic particles attached, by their own weight to the soil, were soon combined with the earthy element, in organized vesiculæ; that is to say, in vesiculæ animated with the power of chrysalization from whence they spring, with the power of development which is an infinite foundation.—Such was the first plant on the globe, for here I only give my attention to plants; such was the bud of all future vegetation, the Adam of the Flora of the universe, her Eve was within her, she was one of her ribs, one of her vesiculæ animated with contrary electricity. Who knows how long these plants, apparently so simple, these *Bissus parietina*, to use the language of our catalogues, were reproduced indefinitely, or whether erect, or side by side, covered the surface of the granite? and all that is not even a speck for nature, and yet for us it may form millions of centuries. But by each modification of the soil, the waters, the atmosphere by each obliquity of the rays of the sun, the simplicity of the plant was enriched with the development of a new power, and these new forms, becoming fertile, were multiplied by admirable, and incalculable progressions. We are the inheritors of all these successive transformations, these indefinite developments; we are the present link of this progression which after us will continue its regular march, only to be extinct when the globe will be benumbed, when the cold will have solidated it from one end of its diameter to the other. Organized life, which perhaps begins at present on the surface of the other planets, will then terminate on ours, until the meeting of an igneous mass, again vivifies and restores it to life!!”

We by no means agree with the author; this novel explanation of the birth of the first plants, appears to us far inferior to the sublime description of the creation by Moses. We find the creation of organised bodies, by the power of the divine will, far beyond that of a chance creation; creation which we should see renewed daily, if the contact of different substances were alone requisite.

The first part of the work gives the vegetable nomenclature, the second is consecrated to the development of vegetable organization, the third to the physiology of vegetable organization, the fourth, the classification of the vegetable organization, the criticism of the existing classifications, and the examination of principles, on which the present methods are founded, and the exposition of those of the author; in the fifth part the author gives the practical applications of physiological principles to the culture of plants, to industry, animal economy, and terminates his work by a chapter on experimental physiology. This work is destined to make a revolution in the study of botanical science. We particularly direct the attention of our readers to the second part, treating of the development of

le organization, the second chapter of the third part, on al geography, the second section on antediluvian influences ; hout being of the same opinion as the author, we nevertheless d in his work an extensive power of observation, the most l views, and a thorough knowledge of the phenomena of the : texture and development of plants ; and whatever may be nions of his readers, we think the work should be found in brary.

tise on TETANUS: being the Essay for which the Jackson Prize was awarded by the Royal College of Surgeons in lon. By T. B. CURLING, Assistant Surgeon to the London ital, and Lecturer on Morbid Anatomy, 8vo. p.p. 236. DON, 1836.

lly agree with the author of this work, when he says that in dy of a disease, the nature of which is involved in obscurity, ly by collecting and comparing facts, that such legitimate de- as can be formed as will guide us to a knowledge of those les by which its treatment should be regulated. As there are elties in this work, we must look upon it as a fair and candid of the inquiries of others, and chosen by the Royal College geons in London for the Jacksonian Prize, we can add nothing alue; but as we seek for the result of every inquiry, and as in eatment is what is most wanted, we shall extract a succinct t of the author's views, after quoting his conclusions on the

i induced to infer, says the author, 1st, that Tetanus is a mal disease of the nervous system, that is to say, a disease mpanied by any perceptible lesion of structure, the nature h although essentially distinct from inflammation is completely wn. There are therefore no morbid changes peculiar to us, and by which it can be recognized.

. That the seat of this peculiar morbid action termed *tetanic* on is the tractus motorius on either side, wholly, or in part, perior being the portion most generally affected.

That the result of tetanic irritation in the tractus motorius, lulla, is a supply to the muscles of a stimulus to abnormal ac- which although limited to the muscles subservient to the will, rtheless totally without its control.

. That tetanic irritation is excited in two ways: *first*, by a s impression, propagated to the medulla from distant nerves, probably sentient) which. impression may be caused by a l, cold, or any other source of irritation ; secondly, by inflam- in the brain, spinal cord, or their investing membranes, either hic, or occasioned by direct injury to these structures, or ex-

tenting continuously from the nerves of a wounded part to the medulla. Traumatic Tetanus commonly arises in the first way, its origin is in direct injury to the cord, or in inflammation, extending from an injured nerve, being extremely rare.

5th. That in pure traumatic tetanus, the primary impression is confined for an indefinite time to the nerves of the part injured, being transmitted at some subsequent period to the medulla, and thus exciting the disease.

6th. That when tetanic irritation is once fully excited in the medulla, which is made manifest by spasmodic contractions in the muscles, the disease is independent of the exciting cause, and does not cease upon its removal.

7th. That the nervous system in some individuals is more disposed to act on this morbid action than in others, and that, as a general rule, males are more susceptible of it than females, and negroes than whites.

8th. That certain morbid states, as disorders of the digestive organs, the influence of particular climates, and a deleterious atmosphere, render the system more susceptible of this disease.

9th. That the derangement of the vital organs in tetanus is the result of the inordinate action of the voluntary muscles induced by the disease, the disturbance and suspension of different functions, and even fatal exhaustions, being chiefly, if not solely, referible to the violent muscular contractions. In fact, the tetanic irritation directly interferes with, or affects no organ, nor part whatever, besides the system of the voluntary muscles.

10th. That tetanic irritation often gives rise to a determination of blood to the cord and its meninges, and to the cord proceeding from the site of the wound and to the affected muscles, the result of which, in the medulla, is an increase in the natural secretion of the arachnoid. The minute vascular injection of the cord and of the nerves, together with the serous effusion at the base of the brain, and between the spinal membrane, being therefore nothing more than occasional effects of the disease, are by no means constantly present after death. To prevent the propagation from the wound of the irritation, supposed to be the cause of the disease, two plans have been adopted: 1st, amputation or excision of the wounded part. 2nd, division of the nerves proceeding to the seat of injury.

TREATMENT.

There are no premonitory symptoms sufficiently well marked and constant in their appearance, to allow of any decided measures being taken to arrest an attack of tetanus. It is stated, however, that twitchings in the muscles of the injured limb, a degree of lassitude, restlessness, great depression of spirits, and an uneasy sensation about the præcordia, are often observed previous to its development. But the most common precursors of both forms of tetanus are cold chills, and an uneasiness about the throat, leading the patient to

imagine that he has caught cold. These latter symptoms are frequent enough to render it important for the surgeon to bear them in mind when attending the subject of injuries, especially the wounded after a battle.

In severe injuries of the extremities, as compound fractures, spasmodic twitchings of the muscles very often occur without being followed by tetanus; but in wounds of a less serious nature, slight incisions and punctures for instance, they must be considered as forewarning an attack, and we should act accordingly.

Seven out of eleven cases given in this work were cured by Larrey's mode of amputation; yet there are evidences given by the English army surgeons by no means favourable to Larrey's practice. Sir James M'Gregor, Honner, Guthrie, Dupuytren, Sir Astley Cooper, were unsuccessful with the same method.

In four cases, the *division of the nerves* was successful.

On the use of mercury, Mr. Curling presents fifty-three cases in which mercury was employed, thirty-one cases proved fatal. In twenty-one cases out of the remaining twenty-two, opium was combined with mercury. When Tetanus depends on inflammation of the cord or of its membranes, Mercury combined with opium is a very proper remedy.

Blood-Letting.

ANTIPHLOGISTIC TREATMENT is generally unnecessary when tetanus has not an inflammatory character; yet when the fever and inflammation have subsided, sedatives may afterwards be necessary. Mr. Curling says, that local depletions on the spine have failed to remove the disease, and in some cases have aggravated it.

Counter Irritation.

Dr. Chalmers states that blisters have a most pernicious effect.

Of the numerous remedies that have been called in aid for the treatment of Tetanus, none has been more frequently or more extensively employed than opium, and there is no question that in many instances, it has succeeded in allaying the spasms; yet Mr. Travers remarks that opium is both inefficient and objectionable.

But in idiopathic tetanus in this climate, after a free action of the bowels, opium generally succeeds in removing the spasms; but it cannot be relied on in the treatment of the acute form.

The salt of Morphia has been tried and applied in the form of an ointment, to a blistered surface: out of two cases, one was fatal.

It has been found preferable to introduce the opium by the rectum.

Dr. Latham recommends Dover's Powder—Dr. Stutz, of Suabia, opium combined with alkalis and warm baths, with deutoxide of potassium and lime.

Tobacco—The earliest writers had great confidence in the efficacy of tobacco, especially the oleum tabaci, when applied externally to the neck and back; and many cases of success are related by the moderns. Of nineteen cases in which tobacco was employed, nine recovered.

By antimony—Six cases out of ten were fatal.

By cold effusion—Out of twelve cases, seven terminated favorably. The warm bath appears to be useless. The vapour bath seems to have been successful in two out of three cases.

Tonics and stimulants—In the exhaustions caused by remedies or by the disease, *tonics* are supported by the testimonies of Drs. Wright, Currie, Rush, Hosack, and other practitioners. Dr. Francois, a distinguished surgeon, in the French navy, witnessed four cases of traumatic tetanus, and one of idiopathic, treated successfully with the volatile alkali. Bark, sulphate of zinc, iron and quinine, and the muriated tincture of iron in large doses; have been found useful as tonics in tetanus.

Carbonate of iron has been strongly recommended by Dr. Elliotson—out of three cases, two terminated favourably.

Hydrocyanic acid—The few trials that have been made of it have not been attended with much success.

Dufresnoy has recommended the *colchicum autumnale* for the treatment of tetanus. Dr. Smith, an American physician, states, that out of four cases treated by him with the vinous tincture, three recovered.

From the preceding review of numerous remedies, Mr. Curling concludes, insisting on the necessity of discriminating—1. Pure acute tetanus. 2. Acute inflammatory tetanus; and 3. Chronic tetanus; each requiring a different mode of treatment. For the first, he recommends to obtain the free action of the bowels, allaying the spasms with tobacco, cold effusions, or any other sedative; and in the due exhibition of tonics and stimulants. The means necessary for the removal of the second form are—purgatives, local and general depletion, counter irritation, mercury. Should the spasms continue after the inflammation is subdued, the means recommended for the treatment of the first form, or of the third, according to the severity of the muscular contractions, must then be resorted to. For the third form, or chronic tetanus, purgatives, opium, antimony, vapour and warm baths, the carbonate of iron, and other tonics, or electricity. If there be any inflammatory symptom, proper means must be taken to subdue it.

Mr. Curling's work has at least the merit of presenting the imperfection of science on the subject—it is a step towards progress to collect materials, which will spare labour and time to others. In fact, there is unfortunately no specific remedies against tetanus, and we must follow the advice of the author and seek for fresh resources.

VARIETIES.

BIOGRAPHY OF VELPEAU.

BIOGRAPHY seems, perhaps, more essential in the Medical Profession than in any other, for it is not only useful, but indispensable, to be acquainted with the character of the individual who brings forward a case before it is admitted into science; progress depending, as a great measure, on the purity of its origin. We are well aware that it is often easy to judge from a good analysis of a case, whether the statement be correct or not. Yet it is always a painful and laborious task, requiring much time and attention. Without such confidence no progress can be made even in the most exact sciences. J. L. Petit's work would have been much less useful, if the high character, and scientific probity of this celebrated surgeon had been less known. However incomplete the cases he relates, they are equivalent to assertions, and given by a man whose word no one ever doubted, they are of real scientific value; while the cases published by Garengeot, for instance, never escape suspicion, particularly since the case of the nose that was bitten off, trodden under foot, picked up in a barber's shop, and then successfullyrafted on the unlucky face to which it originally belonged. This indeed is a most wonderful specimen of the powers of adhesion!!!

If surgery can boast of having some few worthy imitators of J. L. Petit: it must also be admitted that there are far more of Garengeot's descendants, whose number and whose skill increase daily, particularly in those countries where they are at liberty to practise and make as many dupes as they please.

The biography of men of merit is always interesting, particularly if drawn by an able pen, and we think our readers will find that M. Vidal de Cassis has fulfilled his task in a most able manner, and we shall therefore lay before our readers, his life of Velpeau.

Cotemporary biography has an advantage which those who are interested in it, do not sufficiently appreciate. Most men, however upright and honourable they may be, have their enemies, who may give way to their evil passions, and losing sight of all justice, endeavour to cast a stain on those who least deserve it. If the accused has gone through life honourably, he may bring his detractors before the public, and appeal to its judgment. This system of defence is by far the most moral, and the only one to be adopted by an estimable man unjustly accused. If such be M. Velpeau's situation, he may rejoice at it; no one is better able to shew what a noble mind can effect. As a surgeon he has risen to the greatest eminence, without ever injuring his brother practitioners, or owing anything to patronage.

We wish it to be distinctly understood, that in giving the biographical sketches of the eminent professional men still living, we

shall rather consider their scientific, than their personal character; and under no circumstances give place to vituperative feelings: our sketches will be selected from men, who owe their success in life to their own merit; thus we shall endeavour to encourage the young, or less fortunate practitioners, by laying before them, lives of men, who by their actions, evince their elevation of soul, great mental power, and nobly acquire riches and fame.

When Velpeau first arrived in Paris, his poverty was very great, necessity compelled him to make the nicest calculations, in order to provide for his daily wants. Dupuytren's poverty, when he began life, was affluence, when compared to Velpeau's. Dupuytren was patronized; Velpeau was indebted to providence, and his own exertions, for his advancement.

No man was ever more laborious than Velpeau. In 1820, he was admitted to the hospital St. Louis, in Paris, having previously spent four years at Tours. He immediately became a candidate for the *Ecole Pratique*, was elected, and became a professor almost before he was known as a pupil. The ensuing winter he gave lectures on anatomy: he was not led by vanity to make these exertions, but by the necessity of gaining a livelihood, and an anxious desire to obtain information; both these feelings were equally powerful; his industry knew no bounds. In 1821, he was rewarded for his exertions, and received the prize of anatomy and physiology, and was also named demonstrator of anatomy. He then gave lectures on descriptive and surgical anatomy, but was far from having that command of language he has since acquired.

His desires being very moderate, his manner of living frugal, he soon found himself in good circumstances,—thus being relieved from the uneasiness necessarily attendant on poverty, he gave himself up entirely to his professional pursuits. He then taught operative medicine, and improved himself greatly while teaching others. In 1822, he commenced his researches on embryology, and began with the preparations commanded by the faculty. Velpeau quickly perceived that man, in his intra-uterine life had not been sufficiently studied: this was a fine field for cultivation, and the labour it required, did not prevent his undertaking it, and his remarkable ingenuity has brought him the richest collection of embryos, and has given to anatomists, a science, of which some of the elements were scattered abroad, and others very difficult to find. Velpeau is fully aware that embryology has not reached its apogee; but what science can be said to have attained perfection?

Velpeau's ambition and hopes were realized in 1823. He was then elected, *Agrégé à la Faculté, et Chef de clinique chirurgicale* at the hospital of St. Come, now called *clinique de la Faculté*, and formerly (out of irony) *Hospice de perfectionnement*. Velpeau remained there four years, and attended operations performed by the first surgeons. He used the knife also.

In 1825, Velpeau began to publish his *Anatomie des Régions*,

abounding in the most exact details, but wanting in method; if this work shewed the author's want of experience, it also displayed a spirit of investigation and application seldom met with in works of anatomists, who too often consider the organs in an abstract manner. Velpeau wished to make a practical anatomy; this intention is evident throughout the work—this praiseworthy tendency to anatomy and surgery, has led him occasionally to mistake the one for the other. Nevertheless, an attentive perusal of this work always brings forth fruits that might be vainly sought in publications of the same kind, edited with more art. This work was brought out in 1826.

In 1828, Velpeau gave up the lectures on descriptive anatomy, and immediately commenced two others: one on surgical anatomy, the other on external pathology. His work on "*Accouchements*," came out the following year, and it is undoubtedly his best production.

Velpeau was not yet satisfied, he wished to have his opinions published in the medical journals, and he gained his point: he never asked any one, but was glad to have an opportunity of self defence. His friends wished him to confine himself to science, with which he was perfectly acquainted, but a slight knowledge of the human mind suffices to shew the improbability of his so doing. He is naturally led to undertake what he is the least able to perform. The finest painter of the age insists on playing on the violin, which he knows little or nothing, but would be quite offended if he were told so.

Whether Velpeau became a journalist through taste, necessity, or vanity, is not the question: he was a great favorite with the press, his works were appreciated, his works extolled, his lectures praised. Velpeau then became a candidate for the professorship of physiology, afterwards for the places obtained *justly* by J. Cloquet, Gerdy, and P. Dubois. Velpeau was always generous to his antagonists; he felt his own strength, he knew his own talents, was supported by the press, and a favorite with the public; he gained his object, and obtained the professorship. It is useless to inquire why a man idolized one day, should be insulted the next, and what can give rise to the opposition with which Velpeau sometimes meets. Has he forgotten his own origin?—Is he ungrateful to his benefactors? Has he been unjust to his brother practitioners? We think not, his works prove the contrary: and one of their greatest defects, are the numerous omissions contained; a sense of justice and benevolence, has thus multiplied them. Velpeau has given to each his due, and always seized an opportunity of bringing forward the name of a *young professor scarcely known*. Thus Velpeau having through his own noble exertions reached the summit of his profession, like most medical men in France, generously lends his aid to those who commence their career, and gives proofs of his noble mind and kind heart.

PARIS AND LONDON.

PARIS has not furnished us with any thing very striking this last month. Since Dupuytren's death no one has been sufficiently bold to take the sceptre of surgery left by this illustrious man. There is no want of operators, but the surgeon who knew how to deduce learned conclusions from his operations; who gave clinical lectures of the highest interest, who smoothed every difficulty, has not yet been replaced, and the school of Paris, nevertheless abounds with celebrated men.

Have we not Roux, Cloquet, Velpeau, Lisfranc, Sanson, Gerdy, Blandin, Breschet, Jobert, besides numerous young *aggrégés*, full of knowledge and ardour, who might furnish a worthy successor to Dupuytren? Let us hope that one of these learned men will venture to follow the steps of this great surgeon, and give us clinical lectures worthy to be classed with those of this learned professor.

But if we have had nothing remarkable in surgery, medicine seems to have resumed its former importance, and the *grippe*, or influenza has furnished an opportunity for its coming forward.

In the opinion of many academicians, the influenza, in most cases where it has been of a serious nature, may be considered as a *pneumonia larvalis*.

The most striking phenomenon in this epidemic, was the absence of *hæmatisis*, owing to the stasis of the blood in the last pulmonary vessels, which may account for the marked asphyxia in the aged, and the apoplectic, and in younger patients, those pleuritic or pneumonic pains, with hepatisation of the lungs.

These considerations, joined to the unfavourable effects of bleeding, led Mr. Pelletier Dumans, and several other practitioners to have recourse to the *Rasorian* method.

Recamier classed the influenza among the larval eruptive maladies, as in scarlatina, without eruption on the skin—*morbilli sine morbillis*.

He recognized three species; a mucous, a *sanguine*, and a *nervous*, consequently a special treatment was requisite for each of them. Two meetings were wholly devoted to influenza.

Andral and Broussais gave lectures on this epidemic, and it nevertheless yet remains for us to enquire what real progress these academical discussions, school lectures, and numerous articles translated from the English journals, have produced.

One of the Parisian journals, which not long since monopolized the cholera, assuming the title of cholera journal, was ready to take the title of Grippe or Influenza Journal, if we may judge from the contents of columns on the symptoms, treatment, and convalescence of the disease; but the epidemic probably was not of sufficient duration for the journal in question.

Mr. Nonat presented to the academy a most interesting paper; he is persuaded that an influenza, similar to the one in 1837, has often given rise to *malignant pneumonia* of the ancients. In some post mortem examinations he found *false membranes in the bronchi ramuscles*, he thinks the production of the *false membranes* only existed in the *hepatized lobes*; this production would therefore follow a contrary direction to that observed in general cases. It is well known that the false membranes are developed in the larynx, and gradually reach the air cells.

He has found the bronches containing a purulent fluid, without false membranes. The connexion between bronchitis and pneumonia cannot be doubted. Mr. Nonat divided pneumonia and the last epidemic in two categories, some are very serious, taking malignant form, and requiring stimulants, either alone or combined with the sanguine emissions, and cutaneous revulsives; the other differ slightly from common pneumonia, and give way to general treatment.

Notwithstanding the opinions given by so many academicians and professors, Broussais only admits a common inflammation of the mucous membrane, of the air passage, and of those of the stomach and duodenum. The influenza was, therefore, according to this professor, but a *Laringo-tracheo-gastro-Duodenite!!!*

We shall have an opportunity, in speaking of the report on influenza, now preparing at the academy, to compare the opinions of French and English practitioners, the more so as we ourselves have taken part in the discussions of the two countries.

The two last meetings of the academy have been taken up with a most interesting discussion on glanders transmitted to man. To the numerous facts already possessed by science, Mr. Kayas has added a conclusive fact, the more so as having borne up against the enlightened opposition of veterinary academicians.

The patient in question, slept in a stable, in which there was a mare with the glanders, he became ill, and had all the symptoms of the glanders, to which disease he fell a victim. At the post mortem examination, all the pathological alterations of the glanders, were observed on the corpse, and a healthy horse had the glanders communicated by inoculation with the matter taken from the said man.

These different proofs have been weighed, analyzed, developed, so as to lead to conviction, and it is now generally admitted that the glanders may, in some cases, be transmitted from horses to men, a painful discovery for mankind, already so fertile in diseases.

LONDON.—One of the most remarkable occurrences of the month is, Mr Henry Halford's discourse on cold; this discourse would do honour to the most distinguished literary man, and leaves no doubt as to the rhetorical talents of the president of the college: we could have wished it to contain more practical utility. Had this discourse not

been intended for a medical audience, it would have displayed the taste and good sense of the learned speaker: but scientific and practical facts are best suited to a medical assembly. Let it not be supposed that we forsake our literary studies, but engaged in medical practice, in the treatment of diseases, what we are most anxious to learn from those at the head of the profession, from those who have more age and experience than ourselves, is, to know how to *cure* rather than how to dissert.

The royal society of surgery and medicine has renewed its annual election. Dr. Richard Bright has been chosen president.

Mr. Stafford read a paper on the long and continued contraction of the inferior extremities, caused by an affection of the spine.

Mr. Stafford compares the diseases caused by an affection of the spinal chord, with some cases of local hysteria, influenced by the said spinal chord; he endeavours to prove that pains, spasms, palsy, or want of muscular contraction of the limbs, and other symptoms, are common, both to cases of local hysteria, and to diseases of the spinal marrow; and accordingly the author infers that both classes of cases have a common origin or cause in a congested or inflamed condition of the spinal chord, or of the roots of the spinal nerves, or of the membranes which interest these parts; and he suggests his opinions, by shewing that the most successful treatment is that which is directed to allay such congestion or inflammation of the spinal chord.

In conclusion, Mr. Stafford divides the period of the complaint in three stages.

1st. *Acute stage*.—Marked by spasms, and pains more or less severe; and he employs antiphlogistics, bleeding, and purgatives.

2nd. *Chronic stage*.—Where blisters, and other counter-irritants are employed.

3rd. *Curative stage*.—Where it is only necessary to restore by suitable extension, the contracted limbs to their natural position.

Some failures in lithotomy have given rise to crude and painful reflections. In our opinion, advantage should be derived from these misfortunes; they shew that the old dictum, *errare humanum est*, is of all times, and that no man is *à l'abri de l'erreur*.

However high a surgeon or a physician may be placed, there are cases so complicated as to mislead the most clever; those misfortunes ought to render less experienced practitioners more careful, and the greatest surgeons and physicians more indulgent; and instead of waging war against individuals, and making use of these facts to serve private jealousy, we think that it would be better to speak of those failures with regret, and never expose the profession to the ignorant, or to the laughter of the critical zóiles of the day.

An instrument for lithotripsy has been presented to the Westminster medical society, by Mr. Costello. This instrument, which is merely calculated to prepare the way for others, is a species of

strong scissors which could be compared to an osteotome by its strength at the angular point of the curvature where lithotriptic instruments generally split.

As a preparatory instrument, it may be more safely employed, but according to James Johnson, it can only divide in two parts, and not crush the stones, as other instruments.

The same gentleman has also presented a new instrument for the emasculation of the prostate gland, which he has employed with advantage.

When nearly all therapeutics have withdrawn their confidence from the curative power of hemlock, Mr. Judd read a paper at the medico-botanical society, in which he endeavoured to establish, by experiments on cats, the different power of extracts, according to the different preparations.

In the London medical society, Mr Hooper related a case of rupture of the uterus. In the conversation which followed the narration of this case, Mr. Jones said that a friend who uses the ergot of rye frequently, had assured him that the dilatation of the *os uteri* corresponds with the degree of contraction of the fundus, and there is no fear of rupture: but he has found the ergot of rye dangerous in another respect.

In the doses requisite to produce contraction of the uterus, the *life of the child is endangered, and he has had more still births* since the ergot of rye was introduced into obstetric practice. This opinion deserves consideration and confirmation.

A paper on the *endermic and inoculative* method was read at the Westminster society, by the editor of the Continental and British Review. Everybody acknowledged that this method had been too much neglected in England. Dr. B. pointed out the different cases in which the endermic method with blisters could be resorted to, and those in which the inoculative method, which was a new one, might be substituted for it.

Dr. A. T., in a spirited reply, said he could not make up his mind as to the possibility of taking advantage of the new inoculative method, on account of the small doses employed.

Dr. B. replied that the doses were small, because there was yet some uncertainty as to their action; that larger doses could be employed progressively, but prudence required small doses only should be used at first; that to admit the utility to be derived from the endermic method, was to recognise in some degree the future utility of the inoculative method; in short, that no one could judge *a priori* of the further advantages or disadvantages of this new method of treatment, without being too precipitate, or without shewing a decided opposition to every new progress in medical science.

SELECTIONS FROM ENGLISH JOURNALS.

On the Treatment of Scarlatina Anginosa. By Dr. HAMILTON,
Falkirk.

THE distinctive characters assumed by the inflammation of the tonsil *scarlatina anginosa*, when compared, on the one hand, with severe cases of *cynanche tonsillaris*, and on the other with venereal or other common ulcers of the same parts, are, it appears to me, sufficiently well marked. In the cases of *cynanche* alluded to, the pain is from the commencement severe, and often becomes excruciating, the affection frequently terminating in the formation of abscess. In ulceration, again, the pain is either a raw feeling, or is felt principally when pungent substances are swallowed. These characters are materially modified in *scarlatina*. The pain, as long as the swelling does not extend to the surrounding parts, is for the most part, comparatively moderate, even when the tonsils are enormously swollen. I have repeatedly asked patients thus affected, whether they experienced much pain in swallowing, and I have most generally been answered in the negative. I have never yet heard the pain complained of as excruciating, and I have never once seen the inflammation proceed to the formation of internal abscess. When examined, also, the appearance of the parts is very different. In *cynanche*, it is not so much the tonsils themselves which are swollen, as the anterior and adjacent parts; while, in the ulceration of the tonsils I have alluded to, little swelling occurs, and we see generally more or less clean excavations surrounded by inflammation. On the other hand, I would say, that the chief characteristic of *scarlatina anginosa*, is the inflammation, and particularly the swelling of the tonsils themselves. Of course the other parts of the throat are also inflamed, but this exists in other cases, and is most usually of secondary importance.

Of the state of the tonsils in *scarlatina anginosa*, I think we may divide them into three degrees. Of the first kind, are those cases in which the swelling of the tonsils is moderate, and their surfaces clean, the inflammation being apparently at the same time considerable. These are not usually dangerous cases. In the second degree, the swelling of the tonsils has increased a good deal, and we notice a whitish (or sometimes yellow) secretion, principally at the openings of the ducts, but occasionally covering nearly the whole surface of the glands. This appears to be an albuminous substance. I have seen some of it which had been spit up, and was something like the white of an egg inspissated, but was perceptibly tougher. The fever generally is more intense in examples of this description, and the cases altogether are more dangerous than those of the first kind. Examples of the third degree are presented to us, when the tonsillar swelling increases still farther, and ultimately ends in sloughing of a large portion of the glands. In severe cases, the tonsils often meet, and completely hide the *uvula* behind them. It is in cases of this last kind that I have no doubt, that by far the greatest mortality occurs.

It will be noticed, that in none of these divisions have I mentioned ulceration of the parts, which are so frequently spoken of by a great majority of modern authors; and I have not done so, because I do

er these form an essential part of, or are even common in, the throat
 ion of *scarlatina anginosa*. No doubt, when the tonsils slough, a
 on of continuity occurs, but this happens only in the third degree,
 most frequently at a more or less advanced period of the disease. The
 albuminous matter seen in the second division, certainly does not
 ally cover ulcers, for I have often observed the tonsils covered with
 day, and quite free from it and clean the next; while, in cases
 ever pass beyond the first degree, or during the time that the other
 ivisions are passing through the first, the occurrence of ulcers on the
 s is, I would say, from very numerous observations, exceedingly

A person who examines the state of the tonsils superficially, espe-
 when this inflammation is declining, is very apt to be deceived on
 oint; for we can then often observe a cup-like cavity, formed by the
 . An attentive examination of this, however, will show that it does
 rise from ulceration, but merely from the centre of the swollen gland
 g sunk down more rapidly than the circumference. Nor is attention
 is point of slight practical importance; for I am convinced, that by
 ig those who have not seen much of the disease, to imagine that the
 g of these ulcers forms an important part of the local treatment,
 itioners are apt to be betrayed into an inert and essentially erroneous
 ice. From all the observations I have made, I am inclined to think,
 in this disease, the inflammation attacks chiefly the tonsils them-
 s, whereas, in cynanche, it is the subjacent cellular tissue that is the
 ipal seat of the affection.

iving made these remarks upon the characters of this affection, I shall
 make a few observations on its treatment. Most of the recent authors
 have written upon this subject, agree as to the advantages to be de-
 from the application of the nitrate of silver. From my own expe-
 e, I would certainly say that it is a local remedy of more importance
 all the others we possess taken together. Of course, from what I
 already said, it will be understood that I do not, as seems to be the case
 some practitioners, limit its application to the healing of ulcers
 a may appear,† or to the solutions of continuity that are the conse-
 ces of sloughing. The former must certainly require very few appli-
 ns of the medicine, and if we wait till the latter has taken place, in-
 to apply to it, I am afraid we shall often have to lament the inefficacy
 is, as well as every other remedy. The important principle in using
 appears to me to be, to apply it to the tonsils, for the purpose of sub-
 g the inflammation existing there, that is, with exactly the same views
 e apply the same remedy in catarrhal or gonorrhœal ophthalmia.

To do this remedy justice, my own observation would further lead me to say that it requires to be applied early in the disease. At first, I had some hesitation in using it, before I had previously premised local bleeding, &c. for the purpose of subduing the intensity of the inflammation. I believe, however, that this caution was unnecessary, or even hurtful, by causing the loss of valuable time in the use of a less powerful remedy. The loss of twenty-four hours in the application of the nitrate, makes the most material difference in its power of controlling the inflammation. If it is not applied before the second day of the eruption, I have found that, in severe cases, great difficulty is frequently experienced in preventing sloughing from taking place. When applied on the first day of the eruption, its beneficial effects are much more evident; but I have found its influence most decided when it has been applied *before the eruption has made its appearance*. From my anxiety to get the caustic applied at as early a period as possible, I have been in the habit, for some time past, of regularly examining the state of the throat in all the other children of a family when one had already become affected; and I have been not a little surprised to find, that when the fever is about to be severe, the tonsils are invariably affected at least twenty-four hours before the eruption appears, and sometimes two, three, or more days previously. The day before the eruption appears, the tonsils, which may have been previously merely somewhat tumid or swollen, generally become considerably more so, at the same time that their colour changes from a pale to a vivid red. By watching these changes, I have commonly been able to tell within a few hours when the eruption would appear, even when there have been no other premonitory symptoms. It is most remarkable, indeed, that the premonitory symptoms in this disease bear no certain relation to the fever which is to follow.

I recently took notes of a case in which the premonitory symptoms were excessively severe, expecting the fever to be so also, and yet this passed off very mildly, and the tonsils were only slightly affected. On the other hand, again, in the same family, I requested that a little girl might be sent for from school, in order that I might examine the state of the tonsils, scarlatina having affected another of the children for several days before this. On examining this girl's tonsils, I found them greatly swollen and inflamed,—in such a state, indeed, that I had no hesitation in saying the eruption would appear within twenty-four hours, which proved to be the case; and instead of being mild, this turned out a severe attack. Now, when I sent for this girl from school, she appeared well in every respect. Her pulse was natural; she had no pain of the head, or of the throat when she swallowed; there was no sickness or nausea;—nothing, in fine, but the state of the tonsils, could have led me to the belief that a dangerous fever was so nearly impending.

My practice, since I discovered the above to be the case, has been, every morning, to examine the tonsils of those who were living in a family where Scarlatina had appeared, and who had not already been affected by the disease. The instant I have discovered the tonsils beginning to be affected, as I have described, I have touched them with the lunar caustic, and I have continued to do this daily, until the fever has declined. The effects produced by it have been very decided. When a severe case has been thus treated, the progress of the tonsillar affection may in general be said to be as follows. On the day before the eruption shows itself, the

redness and swelling become more decided than they have previously been; on the first and second days of the eruption, these are still more increased; on the third and fourth days, the inflammation and swelling continue nearly stationary, but the openings of the tonsillar ducts show more or less of the white albuminous matter which has been alluded to. After this, the swelling and inflammation begin rapidly to decline, and, about the eighth day from the appearance of the eruption, the glands have in general attained very moderate dimensions.

If my observations are correct, it will thus be seen, that the early and continued application of the nitrate does not prevent this local affection from passing through what I have described as its two first degrees, but that it prevents it entirely from passing into the third, and by far the most dangerous stage, that of sloughing. The second degree, also, is, when thus treated, for the most part very moderate, the power of swallowing being usually little if at all effected.

Of course this practice is applicable, to its full extent, only where the disease has already appeared in a family. But when I compare the case with which I have, by this means, been able to keep down the swelling of the tonsils, with the intractable nature of similar cases, which I have not seen before the second day of the eruption, it has forcibly impressed upon my mind the importance of applying this remedy, in every instance, at the earliest possible period. Although, also, its applicability is diminished in very small families, the reverse must be the case in hospitals, boarding-schools, and other large establishments, in which this disease may prevail. In private families, indeed, where some of the children had been sent from the house from a dread of infection, I have advised that they should be brought back, in order that the approaches of the disease might be watched, and effectually checked.

In order to compare the effect produced by delaying the application of remedies for twenty-four or forty-eight hours, with those that follow from touching the tonsils with the nitrate before the appearance of the eruption, Dr. H. extracts from his note-book the leading particulars, first, of two cases of the former kind; and contrasts these with a few of the worst of the latter description occurring under nearly the same circumstances, and terminates his observations by saying: I believe, indeed, if I were to speak rigidly from my own observations, I should say, that, after the bowels have been attended to, I have tried, or have seen tried, no general remedies which appeared to me to have a decided effect in controlling bad cases of *scarlatina anginosa*. I have little doubt, that nine out of ten of the cases that prove fatal, do so directly or indirectly, from the state of the tonsils, and no general remedies I have used have seemed to me materially to influence this affection when severe. In the epidemic which I had an opportunity of treating in Edinburgh in 1833-34, I tried general bleeding in some severe cases, but I must confess not with such success as to induce me to continue the practice. I believe, that when the pulse at the commencement is full and very quick, a moderate general bleeding may be used in this, as in continued fever, at least without disadvantage; but these, it is to be remarked, are not in general the worst description of cases, the pulse in the latter being often feeble or soft, and very quick even from the commencement. Where this is the case, I would say, from my own experience, that general bleeding requires to be used with considerable caution; and I confess I am not satisfied, that even the pro-

fuse local bleeding which occurred in case second, was not rather hurtful than beneficial.

It will be observed, that I have used in all the cases related calomel and opium. I have done this for two reasons: 1st, because I have thought their joint action in determining to the skin might be beneficial; and 2dly, because it has always seemed to me important to guard against the occurrence of laryngitis, which, perhaps more than any other complication, is apt to occur in a bad state of the tonsils.—*Edin. Med. & Surg. Journal.*

On CUT THROAT and its Treatment. By Mr. LISTON.

E. C., a female, aged 22, was admitted into the North London Hospital, on December 14, 1836. She had attempted suicide by cutting her throat, in a fit of despondency, with a table-knife. On being discovered, a medical man was sent for, who, finding no vessels requiring ligature, stitched up the wound, and sent her to the hospital, where the wound was found to be nearly four inches in length, and covered with numerous layers of lint. No hæmorrhage was visible; but in the course of a short time, blood was observed to ooze very freely. The lint was removed, and cold applied, which stopped the hæmorrhage for about half a hour; but slight difficulty of breathing, with cough, coming on, the bleeding recurred, and was with difficulty suppressed. Another fit of dyspnœa coming on threatened suffocation, and Mr. Liston, who was going round the wards, was sent for, and discovered the cause of the bleeding and difficult breathing to depend on the presence of a large clot of blood in the wound. The stitches were immediately divided, and passing his fingers into the wound, he removed the clotted blood, and thus gave instant relief. On examining the wound, the os hyoides was found to be bare, but the wound had not penetrated into the larynx. The bleeding was now sufficiently controlled by the application of lint dipped in cold water.

Dec. 15. Slept well last night, and feels better. No bleeding after the water dressing. Continue the same.

16. Improving; the head bandage applied to-day.

19. Going on favourably since last report; the throat is healing by granulation.

Jan. 8. Has gone on well since last report, with the exception of having caught a cold, which has delayed her discharge for a few days.

Clinical Remarks.—In lecturing on this case, Mr. Liston observed, that the subject of wounds of the neck was much neglected by surgical writers, their account of such affections being generally unsatisfactory. The accident was of a very common occurrence, and, most frequently, the result of attempts at self-destruction,—it might, however, be occasioned by gun-shot wounds, or other accidents. Wounds of the neck, he observed, varied very much as to their extent and situations. Sometimes the individual in attempting self-destruction in this way, became alarmed as soon as the blood began to flow, and the wound was thus left very slight and superficial. Others, with great determination, has gone to the extent of dividing all the soft parts, until the instrument reached the vertebra. In attempts at suicide, the wounds were generally situated very high up,

from a supposition, that a wound of the wind-pipe, wherever inflicted, would be fatal, and the gash was accordingly inflicted at the most prominent part of the larynx. It was very unusual for a longitudinal incision to be made by the suicide, but Mr. Liston had seen such cases. In wounds of the throat, particularly if situated high up, the incision would be very deep before it reached any vessels of great importance. In general, the larynx and œsophagus were wounded, without the carotid artery or the accompanying vein and nerves being involved. It would readily be understood, that in wounds of the throat, the breathing was always more or less impeded. Persons inflicting wounds on the throat, did not generally die from loss of blood, although that was often considerable; the consequences, however, which might result afterwards were very dangerous. The hæmorrhage was at first arterial, afterwards there might be a good deal of bleeding from veins, caused by coughing and difficulty of breathing. Patients were apt to suffer from blood, or, later after the accident, from serum getting into the air passages. If the wound was closed early after its infliction, the blood was very apt to be sucked down, until the air cells were gorged, and in attempting to take a full inspiration sudden asphyxia came on, and the patient often thus perished. Getting up the mucus was often exceedingly difficult, and attended with danger. If the surfaces of the wound were not well adapted to each other, or if small, jagged pieces of the wounded surfaces obtruded into the air passages, great inconvenience resulted, more particularly if the epiglottis and roof of the tongue were separated from the larynx.

Patients might also suffer from bronchitis, arising from cold air passing down the wound in the larynx. In some instances, persons had suffered for a want of nourishment, and occasionally the state of the mind was such in those who attempted this kind of suicide, that they perished from the depression, much in the same way as occasionally occurred in those who died after operation, the effect of a fear that they will not recover. Others, again, tore open the wound after it had been closed, or refused to take nourishment, and perished in that way.

In the *treatment* of wounds in the throat, continued Mr. Liston, the first thing to be done is to arrest the hæmorrhage. That is not difficult. The head is to be thrown back, the clots of blood are to be sponged away, and ligatures are to be put round those vessels which require them. This effected, measures are to be taken for the prevention of the bronchitis; the patient is to be placed in a room of a proper temperature, and I have been in the habit of keeping some of the warm air from the lungs round the wound, by the application of some woollen covering of loose texture, such as a "comforter." A most ingenious instrument had been lately invented, which had struck him, (Mr. L.), as likely to be very beneficial for this purpose. It was called the "Respirator," and, he thought, might be employed in keeping up a supply of warm air, both after the operation of bronchotomy, and in wounds of the neck. Another point of treatment was, to guard against the passing of blood, &c., into the air-passage. The surfaces of the wound must not be brought together directly after the infliction, though that was a blunder which was constantly committed, and the patient was often suffocated in consequence. Danger might arise even though the air passages were not involved, in consequence of extravasation of blood into the neighbouring cellular tissue. In the case of E. C. this occurred, and when he, (Mr. L.) was called to see her, he put his fingers into the wound and took out a large clot of blood, which

pressed on the air tube. The patient would, probably, otherwise have perished. There was, thus, danger from the practice of sewing up wounds, even although the wind-pipe was not wounded; and yet the sewing up of the wound, as in this case, was continually practised. A case was related in the newspaper of that morning, in which a man had cut his throat with a razor, in the street; he was taken to a neighbouring house, and the wound was sewed up, and it was stated, that he was not likely to recover; he would probably have had a better chance of life had he been left entirely alone. The blood, in these cases, was drawn down the air-passages. The wound should not be interfered with for ten or twelve hours after its infliction, and should be glazed before an attempt was made to bring the surfaces in contact, and this should be done by bandage, so as to steady the head, and approximate the chin to the sternum. If, however, it was very extensive, extending, as is said, from "ear to ear," a suture might be placed near each extremity; but the middle of the wound should be left open, so that there might be space for the ejection of the mucus. There was great danger from the suture of transverse wounds, and no good could accrue from it, for the wound could not possibly unite by the first intention; every thing was opposed to that process. It was not as though the wound was longitudinal, as in the operation of bronchotomy. In that operation, when the tube was taken out, the wound healed quickly, the edges being brought together, and retained by the natural elasticity of the parts. In transverse wounds the case was different, and the constant passage of the air through it, with the action of the muscles around, prevented it from healing by adhesion. It *must* heal, and *would* do so, in every case, when properly watched, by granulation and cicatrization, and it said little for the science of surgery, if the edges were allowed to heal separately.

Patients sometimes died from mischief about the glottis, as from œdema. Here was a representation of this disease, (showing a drawing,) following a wound in the throat. Œdema, as they might know, was a common occurrence around wounds, or ulcers; in other parts of the body, it is generally of little importance; but when it occurred at the top of the air-tube, even to a slight extent, the most serious and dangerous symptoms immediately presented, and required active and energetic interference.

Well, then, having followed these rules for the prevention of bad consequences, and persuaded the patient not in any way to interfere with the cure, the surgeon must give him a due supply of nourishment, and that was best done by the introduction of an elastic tube over the root of the tongue, as occasion required. A common large-sized, elastic, catheter was generally the best instrument for throwing into the stomach a proper quantity of soup, beef-tea, &c. If the patient became low, wine might be necessary. It was seldom necessary to resort to antiphlogistic treatment, unless bronchitis supervened. If much inflammatory swelling came on about the wound, or if the breathing was interrupted by the awkward adaptation of the divided surfaces, and thus the patient was, at any period of the treatment, threatened with fatal suffocation, then it might be proper to open the wind-pipe by a longitudinal incision, lower down, until means were taken to remove the obstruction to the passage of air through the upper part of the tube. Had the case from which the drawing was taken, and in which the man perished, from œdema of the glottis, been under his (Mr. L.'s) care, he thought he should have performed tracheotomy, and before the swelling had attained such a dangerous extent.—*Lancet*.

Fungus Hæmatodes, and Amputation of the Foot, by SIR BENJAMIN BRODIE.

Amputation of the Leg for Disease of the Ankle, by Mr. HAWKINS.

THESE operations were performed at St. George's Hospital, on Thursday, February 16th. Both the amputations were the usual circular ones below the knee, except that both operators removed the angle of the tibia, according to their usual practice, to avoid the ulceration of the skin that otherwise not unfrequently occurs. Sir Benjamin's case was one of fungus hæmatodes of the foot,—a bleeding and excessively painful fungus following a puncture made in what appeared some time previously to be an abscess. On dissection, the tumor had all the characters of malignant disease, and seemed to be intimately connected with the os calsis, but attached also to some of the other bones of the ankle. The patient suffered a good deal after the operation from fever and delirium traumaticum, but is now doing well.

Mr. Hawkins's amputation was performed for disease of the ankle, which had commenced in the os calcis. In the autumn Mr. Hawkins had performed the usual operation for necrosis, cutting down upon the inner surface of the bone, and removing about a third of it, which had died, and was surrounded by living bone, except on one side. He had left the hospital much benefited by this treatment, but lately returned with abscesses and disease of the joints. On dissection of the limb, the joint between the os calcis and the astragalus was found extensively ulcerated, and both bones much diseased, and the joints of the astragalus in the ankle, with the cuboid and navicular bones, were beginning to show some inflammation and thinning of the cartilaginous surfaces.—*Medical Gazette.*

Lithotomy, by Messrs. KEATS and HAWKINS,—No Stone found.

THE case of lithotomy was a little child of two years old, who was admitted with the usual symptoms of stone, irritation of the penis, pain, and stoppage of urine, which was sometimes mixed with blood, and occasionally with pus, and which was sometimes loaded with the lithates, and was at other times alkaline. The child was sounded by Mr. Hawkins, with his colleagues, Mr. Keate, Mr. Babington, and Mr. Cutler, all of whom believed they felt a small stone; and previous to the first incision, Mr. Keate and Mr. Hawkins again thought they felt it with the staff. The Incision into the bladder was then made by Mr. Hawkins, the only instrument used being a common scalpel and staff. No stone was, however, felt by the finger, nor could it be distinguished by a sound which was introduced through the urethra, unless Mr. Keate was right in thinking that he still felt it. Some water was then injected into the bladder, and the child sent to bed, and the child was walking about the ward before a week had elapsed from the operation, at which time all the water passed by the urethra. It remains, therefore, doubtful whether there was really a stone, which was small enough to come away with the first gush of urine, and escaped observation, or whether a stone still remains in the bladder, or whether all these gentlemen

had been deceived in the sounding, and the symptoms arose from disordered secretion only. Mr. Hawkins at the time remarked to the pupils that the stone could hardly be encysted at that early age, and therefore he thought if there was a stone it might be among the folds of the bladder, and might come away after the operation, as had been the case in some other instances on record. This, however, has not happened. The child, since it has been walking, has sometimes had some suspicious symptoms, which have now lessened, and it has been sounded without any impression having been felt similar to that experienced before the operation.—*Medical Gazette*.

Gastritis, Anæmia, by J. ELLIOTSON, M. D. F. R. S.

GASTRITIS.

THE first case which I shall speak of is one of gastritis. We have had several cases which very well illustrate the symptoms of this disease, and the simple treatment which I adopt—that of leeching.

Patient—a female, æt. 19—the sex and period in which this disease is much more common than any other.

The symptoms were, severe pain occupying the epigastric region, and extending to both hypochondriac regions. The pain was increased by pressure, by a deep inspiration, and by taking hot fluids; and the tongue was red. The treatment was the same as that adopted with success on former occasions.

She took no medicines, but local bleeding was employed by 20 leeches to the epigastrium, and she had low diet. She was admitted Dec. 17, when the leeches were first applied; on the 19th the pain was easier, and 20 leeches more were applied; on the 21st she complained only of slight pain between the shoulders. She had an aperient to relieve a costive state of the bowels, and got well without any other treatment.

ANÆMIA.

I have frequently had occasion to speak of anæmia, as we have had many of these cases: you have seen they were all cured by carbonate of iron.

A female, æt. 19. The disease came on after cold. It is very common to see this disease come on after refrigeration, especially when the body has been previously overheated. The symptoms were, debility, languor, pallid countenance and lips, tongue pale and clean. occasional nausea, and costive bowels. She had tenderness of the spine and hysterical pains. She had also cough, which was nothing more than hysterical. Bellows sound was heard over the cardiac region, which was synchronous with the pulse, and a double bellows sound over each carotid artery, which was constant. It is very common to hear a single bellows sound in anæmia over the cardiac region, and over the subclavian and carotid arteries; but in the carotids it is generally double, and resembles the noise of the hurdy-gurdy.

She was admitted Dec. 13, and began taking ʒij of carbonate of iron every 6 hours, and a colocynth pill when necessary. This dose was continued up to Jan. 7, when an attack of the influenza caused the iron to be suspended. This attack was treated by a warm bath and aperient medicine, and the iron was resumed Jan. 14, up to Feb. 11, when she went out perfectly well.

Another case occurred in a female, æt. 24. Here it also came on after cold. It began by debility, which increased, and the legs swelled. The other symptoms were general paleness, low spirits, and palpitations.

Bellows sound was also heard over the cardiac region synchronous with the pulse, and a double sound of this description over each carotid artery.

She was admitted Jan. 3, and began taking ʒij of carbonate of iron 3 times a day, and had house diet. On the 10th the cheeks showed some colour; on the 12th the redness increased in extent, and without any other treatment she got well, and went out, Feb. 3.

This is merely a brief repetition of what I have stated before on cases of this kind.--*Annals of Medicine*.

Mode of Treatment of Acute and Chronic Rheumatism, by
J. HOPE, M.D. F.R.S.

THE treatment of acute rheumatism has been—nay, is—very unsettled. There is the bleeding and purging plan; the forced sweating plan; the stimulant plan—that is, with bark, guaiacum, &c.; the colchicum plan; the calomel and opium plan; and these variously combined. The importance of this disease, especially with reference to inflammation of the heart, has led me to pay much attention to its treatment for the last eight or ten years; and I have made brief notes of between two and three hundred cases, and observed many more. My object was to curtail, if possible, the exhausting six weeks' treatment of the old school, and to ascertain what mode would best obviate that truly formidable complication, inflammation of the heart. As my opinion is now pretty decidedly formed, I shall offer on the results of my experience.

1. *The bleeding and purging, or pure antiphlogistic plan.*—From ten or twenty years ago, this and the diaphoretic plan were in full vogue, especially in Scotland; and I saw them carried to their maximum in the Edinburgh Infirmary, during a residence of two years in that institution. Now many cases, I admit, were promptly and effectually cured—even annihilated at once, by the antiphlogistic plan; but, in many others, active bleeding was carried to the very last ounce that could be drawn; yet the enemy clung to the joints with a chronic grasp, and proceeded triumphant in his crippling career. Add the pale emaciated frame, and the slow convalescence, sometimes of two or three months' duration, and too often, I say, the permanently shattered constitution; add, above all, inflammation of the heart not prevented: nay, it is a trite remark, and by none made more strongly than by Dr. Alison, “that large and repeated bleedings in the beginning of rheumatism, he is convinced, *increase* the risk of this metastasis.” Dr. Macleod has, however, ingeniously and fairly met this argument, by saying, that it is only in the worst cases, and consequently those in which migration to the heart is most *likely* to occur, that copious bleeding has been employed. Still the fact remains, that inflammation of the heart is not *prevented*, and prevention is the great desideratum.

The forced sweating plan.—Dr. Gregory, the great advocate of this plan, premised venesection and purging till the pulse was lowered to 100; and “with these appliances and means to boot,” I have seen patients stewed

and parboiled (if you will excuse a culinary trope) for four, six, or eight weeks, and gain—what?—a wan attenuated frame, chronic pains, and a confirmed susceptibility of rheumatic attacks on the slightest variations of temperature. This plan is now, I think, almost universally abandoned,—by those at least who keep pace with modern science.

The stimulant plan.—It was principally Morton, Fothergill, and Hargrath, who gave bark from the first, or nearly so; and I have seen others give guaiacum (a stimulant and diaphoretic) in the same way. I have not myself tried these remedies, because I never think myself justified in employing remedies distinctly opposed to reason when I know of others equally efficacious which are consistent with reason; but I have looked on the treatment of others; and it has always appeared to me that the patient has recovered in spite of the remedy, and in virtue of the bleeding, purging, calomel, or low diet, which was simultaneously employed, and to which in some cases the practitioner was compelled to resort at an advanced period of the treatment. Bark, however, is good in a weakly convalescence, just as after any other inflammation.

The colchicum plan.—Colchicum is a powerful remedy, and, with antiphlogistic treatment, often succeeds well. Those who are most partial to it generally consider that its most striking effects are produced when it purges; and to promote this they often conjoin with each dose magnes. carb. ℥j. or some other neutral salt. It is apt, however, in full doses of ʒss. to ʒj. or ij. to produce an intractable dysenteric diarrhoea, which upsets all your plans. I have so often been foiled by this circumstance, that I now use colchicum only as an auxiliary, in small doses of ℥xv. to xx. frequently repeated. In this way I use it much.

Calomel and opium plan.—This was introduced for acute inflammation in general, and for acute rheumatism in particular, by Dr. Hamilton of Lyme Regis, fifty years ago*. He bled once or twice, and touched the salivary glands with mercury, with brilliant success. But there is an objection to unnecessary salivation. A modification of this plan, by which ptyalism is avoided, I first saw employed by Dr. Chambers, at St. George's Hospital. It is to this plan that I wish particularly to call your attention; and leaving the merit to him, I shall give you my own experience of it during the last six years, in about 200 cases of acute or active chronic rheumatism.

1. *Acute.*—After a full venesection, or even two, in the robust, but without bleeding in the feeble and delicate, I give every night gr. viij. to x. of calomel with jss. to ij. of opium, according to the age, and the severity of the case; and every morning a full haust. sennæ, to act four or five times at least. In addition I generally give the following draught, thrice a day, as it has appeared to me to expedite the cure—partly, perhaps, by the additional opiate, and partly by the sedative effect of the colchicum.

℞ Vini colch. ℥xv. ad xx.; Pulv. Doveri, gr. v.; M. salin. ʒx.; Syrupi, ʒj. M.

When the pain and swelling are greatly abated, if not almost gone, (which often happens within two days, and almost always within four,) I omit the calomel; or if the gums become in the slightest degree tender, I omit it even earlier. The opium I continue to the extent of gr. j. or jss. at bed-time; and in severe cases I add a grain at noon; for without an anodyne the pains are apt to recur. I also continue the colchicum draught and the haust. sennæ, as before.

* In 1788. See Med. Commentaries.

to local treatment is necessary beyond warm or cold application, according as the patient finds them agreeable.

If the patient is not well in a week I consider it a case of exception; and exceptions are generally in those who are subject to rheumatism, and therefore usually have it in a more obstinate chronic form.

The advantages of this plan are, 1, that a patient is generally sound, well, fit for work in a week or ten days after the pains have ceased; 2, that gums are rarely affected, especially if you previously ascertain that the patient has not a morbid susceptibility of mercury; 3, that it is rare to see inflammation of the heart if the treatment is early begun (I think that one in a dozen would be the maximum in my practice); 4, if the slightest symptom of endo- or peri-carditis does supervene, a few extra doses of calomel and opium, as gr. v. c. op. gr. j. every four or six hours, will generally affect the constitution in twenty or thirty hours, which, with two or three cuppings or leechings on the region of the heart, almost always places the patient in a state of safety. I have never lost a patient by rheumatic pericarditis since I employed this plan; and I have been told by other hospital practitioners that they have been equally successful by the use of calomel and opium.

2. Chronic active.—Here calomel and opium may be given in smaller doses, as calomel, gr. v. and opium, gr. j. every night; but they require to be continued for a longer time, as five or six nights. Take care, however, not to stop short of ptyalism, especially in the scrofulous. Local treatment, however, is more beneficial than in the acute form; viz. bleed locally rather than generally, and ultimately employ blisters, liniments, &c.

Trials of modifications.—I have tested this plan by successively omitting the venesection, the purging, the calomel, and the opium; and with each omission I have found the recovery less expeditious and certain. I cannot doubt that the opium contributes importantly to the cure,—perhaps by allaying the pain, and thus diminishing the irritative fever dependent on it, or, possibly, by modifying the vital state of the blood: but this is yet hypothetical. I have, however, assured myself of the fact, that opiates and purging alone will cure many cases of acute rheumatism remarkably well. Others, too, have used narcotics with success. I think Dr. Hue, of St. Bartholomew's Hospital, treats acute rheumatism with large doses of conium, ℥j. or more daily; and my friend Dr. Lombard, physician to the hospital of Geneva, states that he has had remarkable success with the spirituous extract of aconite, in doses of gr. ss. gradually increased to two or even three grains, every two hours.

Treatment of synovial rheumatism.—Calomel and opium produce less striking effects on purely synovial rheumatism, because the inflammation does not relieve itself by the effusion, and the effusion requires time for its absorption. Yet I am satisfied that mercury does expedite absorption in this as in any other effusion. Colchicum, however, has the reputation of producing its best effects in synovial rheumatism. I have oft looked for "heroic" effects, in vain; and I suspect that they are rather over-rated: but it is a good remedy. Whether you use calomel and opium, or colchicum, or both, for synovial rheumatism, you will find that local applications are more necessary and serviceable than in fibrous rheumatism, viz. leeches, scarification, cold lotions, hot fomentations, and poultices; and later, blisters, stimulant liniments, and plasters, &c. Leeches and blisters should never be placed immediately upon a superficial joint—I have seen them create ulcers which penetrated the joint and proved fatal.—*Medical Gazette.*

COMPARATIVE BILL OF MORTALITY,

From the 7th of FEBRUARY, to the 28th of FEBRUARY, 1837.

<i>Diseases.</i> FEBRUARY 7. 14. 21. 28.	<i>Diseases.</i> FEBRUARY 7. 14. 21.
Abcess 8 1 -	Inflammation of } 2 8 -
Age and Debility 118 99 53 50	the Brain . . }
Apoplexy 5 6 8 10	— of Bowels and } 6 2 7
Asthma 62 68 34 24	Stomach . . }
Cancer 1 1 1 -	— of the Lungs / 19 13 15
Childbirth 4 2 4 1	and Pleura . . (
Consumption . . . 86 102 63 67	Influenza . . . 63 35 20
Constipation . . . - - - -	Insanity 3 8 -
Convulsions . . . 37 30 33 33	Jaundice - - -
Croup 6 1 4 3	Liver, diseased . 3 2 4
Dentition or Teething 12 7 4 5	Locked Jaw . . . - 1 1
Diarrhœa - - - -	Measles 10 6 2
Dropsy 17 19 11 8	Mortification . . 5 8 1
— in the Brain 9 12 7 11	Paralysis 3 8 -
— in the Chest 1 - - 1	Rheumatism . . . 1 - -
Dysentery - - 1 -	Scrofula - - 1
Epilepsy - 1 1 1	Small Pox 2 2 1
Erysipelas 1 1 1 1	Sore Throat & Quinsey 2 - -
Fever 9 8 12 6	Spasms 1 - -
— Scarlet 1 1 1 1	Stone and Gravel . - - 1
— Typhus 6 1 3 -	Stricture - 2 -
Gout - - - -	Thrush 1 - -
Hæmorrhage . . . - - 1 -	Tumor - 8 -
Heart, diseased . . 4 - 3 3	Venereal 1 - -
Hernia 1 - - -	Unknown Causes . 2 38 9
Hooping Cough . . 14 12 9 18	Casualties 2 7 5 1
Inflammation . . . 82 56 28 27	
	<i>Total</i> 597 558 850 82

BOOKS RECEIVED FOR REVIEW.

A Treatise on Diseases of the Eye and its appendages. By Richard Middlemore, M. R. C. S. Two Volumes in 8vo. pp. 600. Longman & Co.

Practical Observations on the Venereal Disease, and on the use of Mercury. By Abraham Colles, M. D. Vol. 1, pp. 351. Sherwood & Co.

An Introduction to Hospital Practice. By C. J. Baldis, M. A. M. B. & L. M. Vol. 1, 8vo. pp. 125.

Lectures on Morbid Anatomy of the Serous and Mucous Membranes. By Thomas Hodgkin, M. D. Vol. 1, pp. 364. Sherwood & Co.

Evils of the Factory System. By Charles Wing, Esq. M. D., pp. 496. Saunders & Otley.

Compendium of Lithotripsy. By Bellinaye, Esq. Baillière, Regent!

A Practical Treatise on the Manners and Diseases of Children. By R. T. son, and H. Maunsell, M. D. 1836. Fannin & Co. Dublin.

Lectures illustrative of certain local Affections. By Sir Benjamin Bart., F. R. S., pp. 88. Longman & Co. London.

Phthisis Pulmonalis. By J. Huny Sealey, M. D. Sherwood & Co.

Influence Pernicieuse des Saignées. Henri Wiébecké, D. M. Paris.

Le Damon de Socrate. Par Lelut.



ONDULATED COUCH FOR SPINAL DEVIATION.

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THE
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On SPINAL DEVIATIONS, (*with an Engraving.*)

By THE EDITOR.

*To Sir Benjamin Brodie, M. D. F. R. S.
&c. &c. &c.*

Dear Sir,

On perusing your invaluable lectures on local nervous affections, I find a passage which reminds me of a conversation we had together respecting "PHYSICAL EDUCATION," when you so kindly encouraged me to write on this interesting subject. One single page of your work contains a volume, and my observations will merely extend to what you have conveyed in a few words.

"You can render no more essential service to the more affluent classes of society, than by availing yourselves of every opportunity of explaining to those among them who are parents, how much the ordinary system of education tends to engender the disposition to these diseases among their female children.

"If you would go further, so as to make them understand in what their error consists; what they ought to do, and what they ought to leave undone, you need only point out the difference between the plans usually pursued in the bringing up of the two sexes. The boys are sent at an early age to school, where a large portion of their time is spent in taking exercise in the open air; while their sisters are confined to heated rooms, taking little exercise out of doors, and often none at all, except in a carriage. Then; for the most part, the latter spend much more of their time in actual study than the former. The mind is over educated at the expence of the physical structure."

It is unfortunately true, that when we direct our attention to the period of life at which spinal deviations are made manifest, we quickly perceive they are the result of our social state, and actual mode of education. Poor children, who inherit misery, as the rich inherit affluence, comforts and honours, are subjected to spinal deviations, arising from want of good nourishment, proper clothing, wholesome habitations, and hard and long labour.

When the wretchedness of parents leads them to neglect their offspring, diseases of the spine are common, especially during the first seven years of life; children after this time become useful, and sometimes their occupations compel them to take exercise in the open air.

Spinal complaints among the poor, caused by the influence of external and internal agents, are equally common to boys and girls, while among the rich, they are seldom known during the first years of life, and scarcely ever met with in boys; but in all classes of society the same constitutional predispositions to diseases of the spine may exist.

When the inhabitants of large cities are debilitated by want, misconduct, disease, or excess of labour, their offspring must naturally be weak and sickly. They labour under every disadvantage, and receive a species of slow poison in the unwholesome milk flowing from the maternal breast. A proper degree of strength is not acquired, the frame is too weak to support the weight of the head and body, and the muscles lose their power of action.

But when luxury and dissipation have deteriorated the constitution of the rich, they provide strong and healthy females to nurse their infants, and the natural constitution is improved by good nourishment.

Spinal deviations are scarcely ever met with in the peasantry who work in the open air, and cease their labour at sun-set. The principal causes of deviations among the poor, are the state of the constitution, too hard and long labour, absence of proper nourishment, wholesome air, warmth, light, and exercise; and among the rich, the state of the constitution, luxury, want of exercise, and ill-directed education.

Although there are numerous works in medical literature on spinal deviations, the attention of most authors appears to have been confined to the study and treatment of this disease at such an advanced period, that if its cure be not impossible, it is at least nearly so.

Some of the most eminent writers have made the diseases of the bones their chief study, and unfortunately these diseases are mostly incurable; fine pathological descriptions are given; cases are brought forward, all of which have terminated fatally; but no allusion is made to *slight* deviations, which are so common, generally artificial, sometimes imitative, and without material change of the organization; so that they have called forth the practices of the ignorant, and a

licit consent has been given to tortures of the limbs, more worthy of an executioner than of wise and thinking men; while proper medical advice, tending to direct the prevention of bad attitudes and bad habits, would so powerfully tend to promote the advantages of rational education.

It is of course highly important to be acquainted with the diseased state of the spine, the alterations of the cartilages, of the synovial membranes, and of the cancellous structure of the bone; but does this knowledge suffice?

If science has but little power in these diseases, if only an useless spectator of an existing evil, is it not to be deplored that learned and eminent men have spent so much time in these pathological researches, and lost sight of pursuits far more important to the welfare of society?

What opinion would be formed of a medical man who spent his whole life in study, and in giving minute descriptions of the pathological state of the variola? How far superior and useful was the immortal Jenner, who discovered not only how to cure, but to prevent disease!

In April 1836, Lady ——— asked my advice respecting the state of her daughter. Since November, a deviation of the vertebral column to the right towards the dorsal region was perceptible. She was brought to London for medical advice. Your opinion was asked: you thought the deviation slight, and recommended gymnastics. She should have relied on your judgment, but influenced by other ladies, she called for a quack.

When I afterwards saw the young lady, I observed a beginning lumbar deviation to the left; a dorsal deviation to the right, strongly marked, including in the curve, four or five dorsal vertebræ.

This young lady was seventeen, of a delicate constitution, but not scrofulous. During the last twelve months she had given a great deal of time to the study of the harp, and the deviation had been first observed in November, 1835.

Lady ——— assured me that the deviation commenced at the dorsal vertebræ, but she at present seemed quite aware that there was a slight lumbar deviation.

I carefully felt the vertebral apophyses; the young lady shewed no signs of pain, and there were merely symptoms of a simple deviation, caused by bad attitudes, and the greater development of the muscles to the right of the spine, arising from the study of the harp. I recommended an inclined undulated plane, which from its shape, would enable the dorsal curve to rest on the opposite curve of the unequal plane; while the muscles on the right would be at rest, the muscles on the left would be in action; so that the gymnastic and natural extension of the body, should be combined, and in a certain time destroy the effect resulting from the study

of the harp, and the bad attitudes. No bandaging, no traction, but rational exercise of the muscles, to bring the deviation to its normal state.

The accompanying plate represents the deviation, and the undulated board I recommended.

I reasoned in the following manner: the deviation originated in bad attitudes; a contrary and well-directed attitude destroyed the first effect; all the muscles to the left of the body would acquire strength, while the muscles to the right were in a state of repose.

The upper and lower part of the vertebral column would naturally incline to the straight line by the weight of the body. The great advantage of this method was to leave the young lady at liberty not condemn her to inactivity; she could lie on this couch with as much comfort as on any other; and I particularly advised the exercise to be stopped as soon as there was any fatigue.

During the consultation, a friend of the family arrived, and candidly said he preferred another system, though he thought my plan might prove an excellent addition.

It is but just to give publicity to the *system preferred*, that it may be taken advantage of by those who approve it. The young lady was to walk *all day* on crutches, and in the evening be strapped down on an inclined plane; her head and feet to be also bound down; she was to undergo *traction*, and was not to be suffered to move freely.

I am not acquainted with the quack who recommended this torture, and as my opinion was asked, I gave it most freely. I disapproved of the crutches and nocturnal tractions.

However, this treatment was begun, but the father of the young lady not feeling quite satisfied with the quack, who merely pretended to straighten the spine, and to have nothing to do with the state of the constitution, thought it right to take the advice of an able surgeon, and I believe called in Mr. Benjamin Travers, who also disapproved of the extension and the crutches.

I may be mistaken, and I trust it may prove so, but I should much fear this young lady will be greatly deformed; what can be the result of such various treatment; of this constant change of system; of this constant vacillation, and want of confidence. In the first instance, you were consulted, Sir Benjamin, and then a man, who was neither surgeon nor physician. My advice was then asked, the quack was afterwards again called in, and then Mr. Travers was applied to.

It is however fortunate that you, Sir Benjamin, Mr. Travers, and myself, were of the same opinion; we neither advised crutches or nocturnal *tractions*.

It is to be lamented that parents, anxious for the welfare of their children, should be thus misguided, and allow themselves to be influenced by ignorant men. The family apothecary was always called in to consult with the physician; a similar proposition was

to the quack, who declined meeting any one; he stated: that *ly* professed to cure spinal distortion, and *had nothing to do* *he constitution*; that traction, and crutches were alone necessary: deep ignorance requires no comment.

s to be lamented indeed, that the exercise of some branches of medical profession have been left in the hands of individuals, *pers* to the laws of our organization, and to the texture of our s. The merit of able practitioners, who confined themselves to *iality*, has been less appreciated than it deserved; and for this it has fallen into the hands of ignorant quacks.

t what subject is of deeper interest to every private family, and *quently* to society at large, than the prevention of a disease,

if neglected, or mistaken, later on, baffles the power of art. e given to spinal distortions, considerable attention, which *lrawn* to them by my work on the *Physical Education of*

ladies. Before I settled in London, and while preparing the *ials* for publication, I visited all the establishments in Paris,

spinal deviations were treated by the ablest men in the *sion*; I had frequent relations with them, and took every *tunity* to gain information and knowledge. I saw the children,

gymnasia, in bed, shielded with irons of all sorts. I did not *ie myself* to interested plans, I studied each method, each system,

M. Maisonnabes, Pravaz, Bouvier, Lafond, Mellet, Tavernier, *os*, and after carefully comparing all the means employed, I *my opinion* to the public, and I now beg leave to extract *observations* from my work on Physical Education.

has been asserted that nature always has a tendency to re- *ish* any defect of conformation, and Rousseau has been quoted *port* of this statement. He says a crooked plant will become

ht if left to nature; but there are no examples of spinal devia- *being* cured by the assistance of nature alone: the period of *h* having ceased without medical care being given, the de-

y remains and becomes incurable. There are undoubtedly *diseases* which may be left to nature to cure, but among them

ust never place scrofula, rickets, and various natural and acci- *l* deformities. If for instance a man dislocates and fractures his

und has no one to aid him to replace it, or to unite the different *and* keep them in a suitable condition, to ward off inflam-

y complications, it will then be easy to ascertain the powers *are* unaided by art.

ien there is muscular and bony debility, the body has a *ncy* to deviation, because the muscles and bones have not

ent strength to resist the laws of gravitation. All vertical atti- *are* then dangerous, and the vertebral column must not be

bear the whole weight of the body: a horizontal position is *really* useful, as it relieves weak and growing girls from the

of weight; but there is still a constitutional state to treat.

must be acknowledged, that the horizontal position, without

gymnastic and strengthening means, might be productive of evil results; for want of exercise and proper food would keep children in a state of permanent weakness.

In muscular debility during growth, I have advised decubitus; where there is great weakness in the articulations of the spine, it is always advisable. The greater the progress in the study of spinal deviations, the deeper is the knowledge requisite in those who treat them; much judgment is necessary on the part of the practitioner, as cases apparently similar may demand very different treatment; for one child mechanical means may be advisable; for another, they should be carefully avoided; in some cases exercise, in others repose; in some, exercise and repose judiciously managed; constitutional treatment may also be advisable; and we must not only know when and how to prescribe, but what is equally essential, we must discern the share to be left to time and nature, and the share to art and science. This discernment is not the privilege of the ignorant, who think that all deviations must be treated in the same manner; unhappily the fatal results are known too late to admit of a remedy.

It is not probable that a deviation could be cured by any machine, if the patient be condemned to inactivity, Delpech observed that time and judicious care were requisite to enable the organs to bend to their new state, caused by external agents acting on the bones; and that violence might produce a morbid excitation; that at all events there should be an elastic agent until the extension cause no pain, which would also prevent danger, owing to the oscillatory returns it allowed.

All extension of the spine must be elastic; but it should be remembered that every spine will not bear traction.

On the whole, the proper treatment for muscular debility is exercise; during the period of sudden growth, decubitus; unequal development of the fibro cartilages, gymnastics and extension—we might say gymnastics and pressure, with modifications suited to the peculiarity of the case.

When deviations are caused by rheumatism, they must be treated as rheumatism, and in the absence of pain, extension is useful; deformity originating in want of muscular power may be remedied by well directed exercise; if the deformation be caused by rachitism or diseases of the bones, extension and gymnastics are out of the question; traction would bring on death.

Deviations produced by scrofula, cannot be cured by machinery, or gymnastics; but by general treatment, by a happy change in the perverted law of nutrition; by the assistance of all physical agents, air, light, good nourishment, proper exercise.*

Such are the opinions I have emitted in the chapter on orthopedy, in my work on Physical Education. In the following chapter I have added, that the learned Delpech in his excellent work on deformities,

* *Education physique des jeunes filles.* Par Dr. Bureau de Riofrey. Henry Kent Causton, Birchin Lane. Dulau & Co. Baillière, Regent Street.

said he would have given up orthopedy and the hope of curing certain deviations, without the use of *gymnastics*: he thought exercise could alone counteract the effects of remaining long in a recumbent posture.

More just or greater praise, could not have been given, to the advantages to be derived from medical gymnastics.

Some orthopedists are so devoted to their machinery, that they unwillingly listen to any method that may relieve children from the trammels imposed on them; straps, bandages, iron hoops, tortures better suited to criminals, have been constantly used with delicate girls, though not with impunity. No punishment inflicted in a prison can be compared to that inflicted by this machinery on innocent children. The slave trade alone can furnish examples of similar cruelty, in ships where wretched victims of cupidity are bound down or fastened, by a chain six feet long. Every one pities prisoners, but in mechanical beds the movements are more limited, the child is deprived of motion; it is a species of anticipated *death*.

Let us cast a glance on these inventions, of which the genius of Hunter and Bichat, would never have approved.

Crutches are now very seldom used; the learned Delpech rejected them, Pravaz expelled them from his establishment, they are disapproved of by the best authors. Crutches are inconvenient from their length; it is difficult to place them under the arms, still more so to keep them straight; the shoulders are bent forward, the chest is contracted, and breathing short.

Crutches must be put in an oblique direction, before they can be placed under the arm, and it is very difficult to keep them upright; every minute there is danger of falling, and what is the result of all this? The chest is pressed between two contrary forces, which tend to flatten it laterally, and to confine it at the top; how can respiration take place while swinging on crutches? Respiration is abdominal, and performed by the lowering of the diaphragm, for the upper sides of the chest being confined, cannot act freely. While walking on crutches, respiration is short, can hematosiis easily occur? The handles of the crutches, placed under the arm, press the tendinous part of the muscles which connect with the chest and arm, I mean the dorso-humeral and the pectoral muscles; besides, the shoulder blade being elevated, the muscular part of the trapezium uniting with the back part of the head is relaxed; young persons using crutches are seldom upright, the *head bends forward*, and seems almost to touch their shoulders. It may be observed that individuals who have long used crutches, have an incurvation on the upper part of the spine, the shoulders are out, and may be compared to wings, which is considered as a predisposition to consumption. The hands and fingers swell, and are livid, the nails blue. Were there no other reasons than pressure on the gristly part of the chest and back, they would suffice to condemn the use of crutches; but to this evil may be added the injury done to the chest; and if lateral

deviations could only be cured by crutches, we question whether the deviation would not be preferable to the stooping and awkward position, invariably contracted by those who use them.

The vessels, and nerves must also be pressed by the handles of the crutches. I lately visited an establishment, where the system was adopted of using crutches, and extensions by traction; I was struck by the thinness of the patients arms, the largeness of the hands; the former seemed atrofied, the latter were swelled; as to the state of the chest and shoulders, I can only say that for a child of my own, I should prefer a deviation to a more hideous deformity, produced by the use of crutches combined with serious internal lesions.

From the general considerations sketched in this letter, it is evident that the treatment of deformities of the spine, either for slight or serious deviations, cannot be founded on any general rule. To believe or to pretend that all deformities may be cured by mechanism, without considering the constitution of the patients; to apply to living bodies means borrowed from inanimate dynamic, and to expect mathematical results; in short, to straighten the spine as though it were a stick, is wholly incompatible with common observation, good sense, scientific knowledge, and such assertions only merit silence and contempt. I have not spoken in this letter of tractions by the aid of machinery, a system which has been carried to a very great extent, and has had its partizans, and its victims. In my forthcoming work on Physical Education, I shall shew that horizontal extension, combined with spontaneous movements, without traction, bandages or torture of any kind, is the only rational method for the treatment of deformities unconnected with diseases of the bones. When I say the only method, of course I allude to machinery, for it is impossible to effect a radical cure unless attention be paid to the constitution of young ladies affected with spinal complaints,

I am, dear Sir,

Ever most faithfully your's,

22, NEWMAN STREET,
OXFORD STREET.

BUREAUD RIOFREY, M.D.

Injection of IODINE in the treatment of HYDROCELE.

M. Velpeau recommends Injections of iodine in the treatment of Hydrocele to be used as a substitute for vinous injections. Having found that the usual method did not suffice, and that various injections did not produce the desired effect, and moreover sometimes occasions serious accidents, this surgeon endeavoured to use other means to attain the desired object. At first he passed a seton through the diseased bursæ, but various accidents occurred, and the cure was slower than when injections of wine were used.

Compression was then tried. Having punctured the hydrocele, the scrotum was surrounded with bands of dyachylon plaster, in order to prevent the formation of the liquid. This operation was performed on three patients and completely failed in producing the desired effect. M. Velpeau made various experiments which led to the employment of iodine injections, and he lays down the following rules for this new mode of treatment: one to two drachms of alcoholic tincture of iodine mixed in an ounce of water. Having punctured the cyst, from one to four ounces of the said liquid is injected. It is useless to fill the tunica vaginalis, if by gently pressing the tumour, the mixture touches all the interior surface.

It is immediately let to run off, should any remain it is not of importance. As there is no necessity for warming this liquid, nor for filling the cyst, nor for emptying it completely, the syringe usually employed for injections of the urethra suffices; if the hydrocele be voluminous. The patient need not remain in bed after the injection; the part swells during three or four days without causing any fever, or great pain; the resolution then commences, and takes place with great rapidity. I have tried this method twenty times, says Velpeau, without any accident occurring; out of the twenty, eighteen were cured in less than three weeks. One of the patients began to mend only on the 30th day, I renewed the operation and the cure was rapid. The twentieth patient, who had a double hydrocele, was six weeks in the hospital, owing to the swelling of the testicle. Two of the patients had already been operated unsuccessfully with vinous injections: two others had an encysted hydrocele of the spermatic cord.

M. Velpeau gives several cases in which his method was very successful. A young man had been troubled with hydrocele during two or three years. The tumour was voluminous, the transparency imperfect, the testicle hard and enlarged, as well as the epididymis. A practitioner was called, made a puncture and vinous injection. Notwithstanding the reaction, no benefit was derived from the operation; and the hydrocele soon acquired its former size.

This young man would not consent to remain in the hospital, but came to M. Velpeau in the morning, to have the operation performed. The puncture was made, and about a glass of yellow serosity came away. About an ounce and a half of water, containing two drachms of tincture of iodine was injected. After having pressed the scrotum, half the liquid came out, and the heat remained.

The patient got out of bed, and went home. He returned the sixth day; had not kept his bed, nor in any way changed his usual manner of living. The swelling diminished gradually. On the fifteenth day there was no liquid in the tunica vaginalis; in short, the cure was complete.

A man of two and thirty had an hydrocele, with hypertrophy of the testicle, and particularly the epididymis. A puncture was made

on the 20th of November, 1836, about a glass of yellow serosity came away. An injection was made of two-thirds of a mixture, containing three drachms of tincture of iodine, and two ounces of water. After squeezing the bursæ a few seconds, half of the injected liquid was withdrawn, and the remainder left. Although the patient was very irritable, he suffered but little.

This operation did not prevent him getting up to dinner. The scrotum was covered with bandages imbibed in *eau de saturne*. Swelling and pain came on; both gradually disappeared, and the patient was cured; the 20th of January not the least trace of the complaint remained.

The other cases related by Velpeau are nearly similar to the above, and seem sufficient to justify the preference given to iodine injections.

Velpeau, however admits, that these are but trials, and more numerous cases are requisite before a correct opinion can be formed. It is easy to understand that experience alone can give confidence to a similar injection, and we can scarcely credit that it is more efficacious, than the solution most surgeons employ.

In twenty cases of hydrocele, treated by vinous injections, there may not, perhaps, be a single failure, but if judgment be formed by a larger number of patients, it will speedily be ascertained that this method, though so generally employed, is by no means infallible.

Practical considerations on the employment of some new substances in the treatment of INTERMITTENT FEVER.

M. de KONINCK has just discovered a new and valuable medication which he calls phlorizine: it is an extract of the bark of the apple tree. We owe this discovery and its therapeutical use to Belgium, M. de Koninck, in a memoir just published, has pointed out two methods of extracting this substance; the first consists in putting in a common pipkin, fresh bark of the roots of cherry trees, pear trees, plum trees, and what is still more desirable of apple trees; this bark should be covered with water, and left to simmer for four or five hours; the liquid should then be strained off, the same quantity of water again put on the bark and left to simmer an hour or two, then to be strained while hot, and left in different vessels, for four and twenty, or six and thirty hours; there is then a great quantity of phlorizine at the bottom, and on the sides of the vessel there is a sort of granite more or less dark. It should be collected, and by dissolving it, and letting it cristallize several times, it is quite purified. According to the other method, weak spirits of wine is poured over the bark and exposed to the air for seven or eight hours, in a temperature of fifty or sixty degrees. This operation is performed once or twice, the liquor is mixed and distilled, and thus the greatest part of the alcohol is retained. The drugs are left to

cool, and the following day there is a great portion of phlorizine cristalized as in the first process, but much clearer.

Experiments have been made at the hospital in Brussels with the substance thus obtained. From ten to fourteen grains have been prescribed with a drachm of sugar, to be taken in one dose, for intermittent fever; and the most marked success has been obtained in cases where sulphate of quinine had failed.

This discovery has been made within this last year; several experiments have been made, and published in Belgium, and the results have proved satisfactory; and we trust its use may become general.

Dr. Pott, physician to the hospital of Saulieu (Cote d'or) forwarded a memoir to the Academy of Medicine, on the employment of parsley juice in intermittent fevers; long experience has proved to him, that this plant is a powerful febrifuge, and might be used instead of quinine.

The juice of this plant is extracted in the following manner; take a handful of fresh parsley, let it be chopped and then pounded, pour an ounce of water over it, then pound it again, and pour the whole on a wet linen rag, then wring it over a vessel destined to receive the sap of the herb.

Three ounces to be taken at two different times, a few hours before the fever comes on.

Intermittent fevers that have not been cured by quinine, have been completely so by this remedy, 'Tournesfort had noticed the beneficial effects of parsley juice frequently employed in Provence or intermittent fevers. It has been prescribed in various other diseases, and although nearly erased from the medical pharmacopiæ, Dr. Pott's observations may perhaps restore it to favor, and induce practitioners to have recourse to it in certain cases.

Therapeutical researches on the GOUT, by PARISSET.

(concluding article.)

WE have hitherto treated of regular gout in its different forms, but this *protean* disease may, as we already said, establish itself in the internal organs of the economy, disturb its functions, and deeply affect the tissues. The *anormal* or *visceral* gout is one of the most cruel, one of the most dangerous diseases that falls to the lot of humanity. Murgrave, who wrote a good treatise on this species of gout, exactly a century since, lays down as a principle, that the regular gout makes one ill, and *anormal* gout kills one. We must admit this principle, corroborated by daily experience.

As we only give our attention to therapeutics, we refer our readers to those works on the gout which treat of its history in its *anomal* character, one of the most important studies possible; we confine ourselves to two remarks which appear to us very useful. 1st. The irregular or visceral gout proves that this affection does

not merely attack the fibrous system, though it is the common opinion; on the contrary there is no system, no organ, no fibre of the economy, it may not reach. For this reason we have always preferred the word gout to arthrites. 2nd. The anormal gout may be classed in two divisions that should be well understood. In the first division the gout commences in an articulation, and from thence reaches the internal organs. Properly speaking the articular gout, then becomes visceral gout, or *rémonté* gout. In the second division the disease is quite irregular, changeable, and as difficult to describe as to cure. It is termed *larveal* gout. It must not be supposed that these divisions are merely scholastic, they are useful guides to the practitioner.

The retrograde visceral gout has at least one advantage, the nature of the evil is in general easily ascertained. But when this point is granted, the disease nevertheless is followed by the most fatal results, sometimes by sudden death.

Although all internal organs may be affected by gout, the stomach is most liable to it. This viscera may be stiled its birth place and its centre.

In twenty cases of gout *remonté*, sixteen attacked the stomach, the others, the head, the lungs, the heart. It must not however be supposed, that the gout is confined to an articulation, for it reaches any viscera. Sometimes the gout goes off, at other times it leaves the articulation, and its fatal activity is concentrated on an internal organ. Indeed it is sometimes necessary to call to mind, that the patient was gouty, and that recently he had symptoms of this disease to be able to understand the origin of the accidents developed. These accidents, as we have already observed, are sometimes rapid and fatal, because a vital organ is affected. Gout in the head occasions the most acute pains, and is very tenacious. There is also apoplexy caused by gouty metastasis; if the patient do not perish, he falls into a state of idioticy if the attack be of long duration. When the metastasis is deep and reaches the heart, the pericardium or the lungs, the patient soon falls a victim to it; but if the disease becomes chronic, there is nearly always a serous effusion which proves fatal. Selle, and Zimmermann, physicians to Frederick the Great, attributed his death to Hydrothorax, produced by gout. But as we have already observed, the stomach, the intestines, the bladder, is more generally attacked. When the gout has proved fatal, and according to the vulgar expression stifled the patient, we are convinced that the diaphragm was the central seat of the gouty fluxion. The difficulty of breathing, asphyxia, and death are the three periods whose rapid and fatal succession clearly indicate the precise seat of the disease.

However this may be, the diagnostic is easy, but not so with the larveal gout. Great perspicacity, long experience, a perfect knowledge of the constitution of the patient, and of the commemoratives, are requisite thoroughly to understand the principle causing these

accidents. But the difficulty is greatly increased, if there be no precedent to assist in forming an opinion. The observation made by Morgagni on himself, is often brought forward in support of this opinion. Attacked with opthalmia, he was only cured by a *first* attack of gout. *Oculorum inflammationem viatim minuit ac diebus insequentibus sustulit.*

We have seen nearly a similar case in amaurosis. The patient recollected *at length*, that he had formerly felt gouty pains in the joint of the right foot: but the gout came on and his eyes got well. Baillie relates the case of an english gentleman, who for six months was a prey to violent palpitations of the heart, for which he could obtain no relief; he had a fit of the gout, and the palpitations ceased. The celebrated Marshall Bertier, in the fatal Russian campaign, was suddenly seized with violent pains in the epigastrium accompanied by icteris, fever and insupportable anguish that nothing could calm. Revulsives were applied to the extremities, an attack of the gout came on, and all the pains went off. Examples of this kind are innumerable. It is certain that retrocedent, or larveal gout, is one of the most singular diseases, one of the most difficult to understand, and one of the most dangerous nature. In its extreme mobility, it pervades the whole economy, sometimes it attacks one organ sometimes another; first there is heaviness, general discomfort, existence is a burthen; the following day there is acute pain, either in the head or the extremities; but lately the patient was lively, happy, full of hope; in the short space of a few minutes he is threatened with loss of life, the most speedy assistance is necessary. The scene varies continually, because the seat of the disease varies, without the cause of it changing its nature. It often occurs that this cause having existed some time, becomes fixed on an organ which it alters and destroys more or less rapidly, according to the intensity of its action, and according to the age, and strength, and manner of living of the patient.

But let us suppose that by sudden cold, violent emotion, or some unknown cause, the gouty metastasis takes place; or let us suppose that its nature is known, and consequently the origin of the accidents that often occur. What is to be done? We must acknowledge that the therapeutic is singularly confined, the gout is only manifested to us in its inflammatory form, more or less developed. What is the result? That the contingent, the phenomenal, is known to us, but not the absolute; this philosophical language fully conveys our ideas. In the majority of cases we have to combat anormal or visceral gout, whatever may be its seat, as a simple inflammation.

This treatment has more or less success in certain cases; but when the patient is weak, worn out by age, suffering, and by the obstinate disease, become atonic; when nature, according to Sydenham's judicious remark, wants *reactive power* to carry the gouty principle to the extremity, is there any other therapeutic means

sufficiently energetic to attack the disease? We think not. Our ancestors whose theoretical ideas were different from ours, did not hesitate to employ all remedies for anormal gout, and their books are filled with magnificent formulas on this subject. Unfortunately the importance of these medicaments is clearly demonstrated by the total oblivion into which they have fallen. We must in the present day give our attention to the three following indications; to combat the inflammation, according to its degree, destroy the spasms, and recal the gout to the extremities as speedily as possible.

If the patient be young and strong, if the pulse beats violently, if all indicates excess and pernicious perecipation of the vital action, the antiphlogistic method must be had recourse to; but with that prudent boldness, that exquisite tact of the practitioner who knows how to act according to the present and future state of the disease. On well or ill-timed bleeding depends the safety of the patient, and the reputation of the practitioner. There is so strong a prejudice among the public, that every medical man has not the courage to brave it. Besides, the seat of the evil, and the violence of the symptoms, serve as a guide.

When the patient is more nervous than sanguine, recourse must be had to antispasmodics; in the first class, I place musk and assafoetida, which doses I rapidly increase. I have several times obtained complete success with liquid ammoniac, or acetate of ammonia, given in doses of ten to twenty drops in warm infusion of linden, provided there be no fever nor great irritation.

In cases of gouty metastasis of the stomach, English practitioners prescribe as much as fifty, to eighty or a hundred drops of laudanum. I must admit that I should never venture to give such strong doses; but when the patient has reached that state of physical and moral prostration, it is right to make every effort to save him.

Revulsives at the extremities, and on different parts of the body, are the means recommended, and most generally employed. The most noted is Gondran's pediluve. This quack made a large fortune by his simple recipe, which obtained immense vogue, having relieved the anormal gout of the Duc d'Orbans, father of the man who played so great a part in the political commotion of 1789. These baths have a certain activity; and those recommended by Dr. Ith may also be used.

The following is the recipe:—

In a sufficient quantity of warm water to cover the feet, put a tea-spoonful of hydrochloric acid, and one of nitric acid.

Barthez recommends pediluves, with half a drachm of corrosive sublimate, dissolved in warm water. This is an active remedy, but it may produce accidents in irritable persons.

Pediluves, maniluves synapisms, applied to the extremities, cause an active revulsion. It should be remembered that this remedy requires more attention than is generally given. If the dose

of stimulus be too weak it has no effect ; if on the contrary, it be too strong, and not suited to the irritable state of the patient, it produces in the nervous system, an excitation directly contrary to the result desired ; the good judgment of the practitioner is ever necessary.

I have often seen Pradier's plaster used as an *attractive topic*, gradually remove the gout, which had violently attacked the head or stomach. Blisters on the lower limbs, sometimes on the chest and epigastrium, are beneficial if they be large, and the general reaction not too violent.

Dry and scarified cupping on the extremities, and round the joints, principally where the gout is felt, produces good effects. The large cupping, on Mr. Junod's plan, may be very useful, when better known, and easily applied.

Moxa, so strongly and so justly recommended, is assuredly a powerful revulsive, but inspires so great a degree of terror, causes such maddening pains, and the shock it gives is so serious, that its use requires extreme caution. I have, nevertheless, had recourse to it several times in extreme cases, where prompt and effective measures were requisite, and have always found it succeed.

Mild measures are sometimes very successful, provided they are methodically used. Thus frictions on the extremities, with the common ammoniacal liniment, have good effects. The following liniment has also proved very efficacious.

Oil of camomile ℥ij.

Ammoniacal alcohol ℥j.

Sydenham's laudanum ℥ss.

Volatile oil of peppermint ℥j.

The articulations affected with gout may be wrapped round with a Burgundy pitch plaster, and the said articulations rubbed with croton oil of tiglium, and then covered with a large piece of sparadrap, to be left on eight or ten days.

Vapour *douches*, sufficiently warm to give activity to the skin, sometimes prove successful, and far preferable to warm baths, which prove uncomfortable to the patient, and cannot always be employed.

I have purposely given a variety of means to arrest the gouty metastasis. These means should be varied, and practice shows that if one does not succeed another may answer the desired purpose.

I should always strongly advise not only to vary revulsive means for visceral gout, but also to persist in their employment ; sometimes when least expected, dumb and then acute pains are felt in the articulation, and the patient is cured shortly afterwards. When the gout is particularly moveable, we must persevere with the revulsives that have proved most successful, even when there is no immediate danger of metastasis.

Endeavour to draw gout to the feet, is a principle not to be lected. Nature must be seconded by art, and the efforts of art always tend to expel the disease, though the efforts are powerless, irregular, and dangerous.

As to internal remedies for retrocedent anormal gout, there be but general, and administered according to the most threatening symptoms. All depends on the tact and judgment of the physician. Anti-gouty specifics are nearly out of use; enlightened and conscientious men, at the head of the profession, have proved their inefficacy. Quacks alone may reap benefit from a false deception and falsehood.

An important point not to be lost sight of in anormal gout, is that the accidents vary according to the organ affected, to which the treatment must be adapted.

Therefore, in retrocedent gout, flying to the head, if there be of apoplexy, the patient must be immediately bled, and thus on a strong revulsion to the extremities.

If the gouty metastasis fixes on the lungs, bleeding, according to the strength of the patient, is urgent, then large blistered cupping on the lower part of the chest, while the bowels are kept open and the extremities acted on.

If there be violent colic and vomiting, emulsion and small draughts, then slight narcotics, administered internally and externally.

It is essential to persevere in the use of means which appear most efficacious, and at the same time to follow a suitable methodical regimen.

Without giving too much importance to general remedies for gout, whatever may be its form or degree, yet they must not be too much neglected.

Flannel and *patience*, so strongly recommended for the gout, have their merit, but it would be wanting judgment to take other measures; besides some gouty persons would suffer any rather than be long confined with the gout.

On INCONTINENCE of URINE,

By MONDIERE, D. M. P.

THERE are three species of incontinence of urine. In the first species the excretion of urine does not depend on the will, and is continually; there is weakness and paralysis of the sphincter of the bladder, and irritability of the internal coats of this reservoir. Cloquet and Dr. Arnott successfully used the *sonde à courant*.

In the second species, the urine comes away by drops, but there is retention and accumulation of fluid in the bladder, and the

flows by regorgement. This species is very common, particularly among aged men, after serious diseases of the central nervous system.

In the third species, the running takes place by intervals and *par jet*, as in the physiological state, but independently of the will. In this species, the urine is also collected in the bladder, and may be more or less detained. In a state of *relachement* of the sphincter, the urine flows without causing sufficient excitation to awaken the sleeper, and the patient is not conscious of the emission. This is termed nocturnal incontinence of urine; it is principally observed in children, seldom in adults, and very rarely in elderly persons.

It has been said that this infirmity generally ceases at the time of puberty, which is by no means the case; as the contrary has been observed, though it occasionally disappears in girls when the catamenia comes on.

Both moral and medicinal means should be employed to cure this complaint. The first are only salutary with idle children, totally useless in cases of weakness of the sphincter of the bladder. There are many old women's remedies, in which the vulgar have great faith; a roasted mouse is with them a panacea.

Tonics.—We know from experience, that incontinence of urine is not exclusively confined to weak and lymphatic children, which proves that this complaint cannot always be attributed to general debility. In our opinion, it is rather due to partial atony of the genital and urinary organs. Bitters and tonics cannot, therefore, be expected to have much influence on the disease, and we have seldom found a single case of cure from their sole employment.

A young lady with whom the incontinence of urine ceased the same day on which the catamenia appeared, had for several years taken good wine, broiled and roast meat, and stimulant and tonic medicaments.

There are, however, some tonics and stimulants which have proved efficacious, either from their special action on the urinary passages, or their primitive influence on the genital organs. Cantharides may be safely recommended, and Dr. Roth, of Sordhausen, relates a case of incontinence of urine being cured by rhatania; sub-carbonate of iron may also be employed with advantage.

Rhatania, though given in certain cases of pectoral hemorrhage, is never followed by more speedy and favorable results than in menorrhagia, due to atony of the uterine system. Rhatania, has therefore, a sort of special action on the system, an irritating action, which, as in the case given by Dr. Roth, reached the vesical neck. In another case, the excitation of the womb caused by the sub-carbonate of iron extended to the urinary passages. Incontinence of urine has sometimes been cured by the local excitation produced by marriage; or the tonic excitation resulting from the first appearance of the catamenia.

M. S. A young lady of seventeen, tall and strong, having black hair, bright complexion, was sixteen and a half before the catamenia came on: at its third appearance, Miss S. suddenly left a ball room and caught cold; suppression of the menses followed, and they did not appear again. When I was consulted, the patient had lost her color, her complexion was yellow, the conjunctive membranes were discolored; palpitations of the heart, weakness in the legs, constant head-ache, extraordinary tastes, in short, chlorosis; besides which she was troubled with enuresis.

I prescribed, red powder of quinine . . . ʒij.
 Gentiana (yellow) . . . ʒiij.
 Roman Camomile . . . ʒiij.
 Sub carbonate of iron . . . ʒiij.

to be pounded in a quart of white wine, and to be infused forty eight hours. Two ounces of this mixture to be drunk morning and evening, immediately after taking pills of subcarbonate of iron.

This regimen is tonic, and the patients should drink good wine mixed with ferruginous water; and take exercise.

At the end of a week Miss S. had already recovered her color, the conjunctiva were no longer dim, the palpitations and weakness in the legs, and head aches had disappeared. In a month the improvement was very great; and the enuresis much less frequent from the beginning of this treatment, had totally disappeared; the menses returned, and the cure was complete.

Cold Baths.—Baudeloque, and Guersant, advised cold baths at 18 or 20 degrees. Dupuytren was a great advocate for cold baths and thought them most desirable in chorea. Four or five plunging baths suffice to get the better of the most obstinate enuresis.

The following case is from Dupuytren's practise.

A young lady of thirteen, not regular, and having no symptoms of local plethora, which gave rise to a supposition that the catamenia was about to appear, was affected with enuresis. Dupuytren attributed it to atony of the neck of the bladder, and prescribed cold baths every day the patient was to be plunged in twice for two or three minutes, to be then well rubbed, warmly dressed, and take exercise. The cure was immediate, but the baths were continued.

Though Dupuytren in this instance obtained so speedy a cure there are circumstances in which baths might not be equally advisable.

Aromatic Baths employed by Lallemand. Aromatic baths are preferable to cold baths; at least ten are requisite for the treatment of the disease. The plants employed are of the aromatic species Labiatae.

We have great doubts of electricity, though as a remedy it is much lauded.

Cupping on the perineum has been found successful, the same may be said of blisters and moxas, but more advantage is derived

from catheterism which is strongly recommended by Baudelocque.

Cantbarides used internally and externally are also successful, but what M. Mondière chiefly advises is *nux vomica*.

M. Mondière gives eight grains of extract of *nux vomica* with a drachm of *oxidi ferri* in twenty-four pills, three to be taken daily.

New researches on the true structure of NASAL VESICULAR POLYPUS,

By DELPECH, *Hôpital de Montpellier*.

THE vesicular and mucous polypus had been but little studied, when Delpech, an able and acute observer, made very deep researches on this pathological point. Delpech's opinion on vesicular polypus, being scarcely known by practitioners, we cannot do better than lay before the public one of his clinical lectures.

The epithelium of the membrane of Schneider forms the superficies of the tumour. When distended, this tissue acquires the polish necessary to reflect the rays of light. Below the epithelium is an infiltration, an œdema of the adjacent cellular tissue, which gives to the tumour its grey aspect. In the webs of the infiltrated cellular tissue are seen the dilated sanguine vessels, more or less voluminous, and covering the whole of the exuberant mass.

Deeper seated, is a fibrous membrane, serving as a canvas and perioste to the subjacent bones. This fibrous tissue is mostly injected, full of red serosity, and but slightly distended, owing to the density of its texture.

In some cases the subjacent bone is isolated, and separated from the fibrous membrane by an albuminous discharge, (*épanchement*), pseudo membranes, or productions of any other nature, or swelled or covered with bony additions, stalactiform or cartilagenous, or else soft, fat, and easily destroyed, or evidently mortified.

It appears reasonable to conclude from this morbid anatomy, that a disease in any part of the bones, or in the fibrous membrane of the *fosse nasale*, the *lamelleux* tissue, common to the mucous membrane, cannot fail suffering from the usual effects of all irritable affections of the subjacent parts.

In a phlegmon of the sub-aponeurotic cellular tissue of the thigh, the totality of the sub-cutaneous cellular tissue will be saturated with serosity, and the vessels of the skin injected. Therefore, the œdema of the mucous membrane of the fosses nasales, and the shining and opal distension of its epithelium might perhaps be only a symptom of a deep affection of the bone, or of the fibrous membranes that cover them.

This opinion seems to us worthy of the greatest consideration, as relating to the extirpation of the vesicular polypus from the *fosses nasales*.

A single operation seldom cures the disease, not merely in cases where only part of the excrescence has been caught and reduced into slips, some of which have been torn off, while the root remained; but even when the operator has been more fortunate, and has succeeded in grasping the whole mass, and even the part where it grows, the disease often re-appears. This occurrence, however, seldom takes place, when either by chance or designedly the polypus is removed with the fragments of the bony *volutæ* on which it was implanted.

In the first instance, we were much struck by this observation, and though following most able practitioners, we expected to meet accidents, occasioned by the extent of the fractures and their consequences. Instead of which we have seen the simplest results, and a radical cure; and those cases where there seemed to us to be a most prudent circumspection, the relapse has been preceded, and accompanied by cephalalgia, epistaxis, fever, and many other serious symptoms.

It seems natural to conclude, that a disease common to the nasal bones, or to the fibrous tissue supporting the mucous membrane, is often the cause of the real œdema, constituting what is termed vesicular polypus. Many other causes foreign to the membrane may lead to the same result.

Observations on the new treatment of HECTIC FEVER, succeeding the operation of EMPYEMA, by RECAMIER.

M. RECAMIER considering hectic fever, which succeeds empyema, as the result of the alteration of the pus by its mixture with external air, proposed a new treatment, so as to prevent a similar accident. M. Recamier advises, immediately after the evacuation of the liquid, to inject in the chest a certain quantity of water, at the temperature of 28 or 30 degrees R, or 32 to 35, C, with a view of occupying the place that the external air would naturally take after the evacuation of the collection. M. Recamier did not find that the presence of water in the pleura greatly affected the patient; neither did he observe any inflammatory recrudescence.

Care is taken, gradually to diminish the quantity of injected liquid, as the lungs returning to their normal dimensions fill up the space left by the evacuation of the effusion, which is ascertained by percussion and auscultation.

The use of injections is contra indicated when the pleura is too irritable, when the tubercles have invaded the pulmonary parenchyma. Injections of water in the chest, after the operation of empyema, are only advisable when the pleura and the lungs have returned to their normal state, and when the practitioner has only to contend with a serous or purulent effusion, resulting from an affection of long standing.

If these conditions be necessary for injections to succeed, we doubt if they should ever be employed, for in the annals of science we are not acquainted with any example of purulent effusion in the pleura, while these membranes might have regained their physiological state, and it may generally be said, that in thoracic effusions, the patients are destroyed, not by the purulent effusion, but rather by the lesion of the pleura which gave rise to it. Some of the patients treated by M. Recamier have been cured, others considerably improved.

Remarkable Case of VAGINAL POLYPUS.

Hôtel Dieu—Dupuytren's Clinic.

DUPUYTREN brought to the hospital a fibrous polypus, as large as a *rainette* apple, which he had just operated. The tumour was hard, elastic, and with a pedicle; there were red spots on the surface, from whence there had been hemorrhage. An incision being made the length of its diameter, its substance was divided by layers and lobules.

Dupuytren stated that the pedicle of this tumour was planted between the uterine neck and the upper part of the vagina.

The following is a faithful account of this interesting fact:—

A lady of rank had long been troubled with a serous discharge from the vagina, but without feeling any pain, and the matter that came away had not the foetid odour that accompanies cancerous affections. The patient gradually wasted away, and had great pains in the kidneys.

This lady consulted several *accoucheurs*, and they all agreed that she was afflicted with a cancer of the neck of the uterus.

These practitioners, says Dupuytren, had not remarked, that on exploring with the finger, it was easily ascertained that this lump was separated from the neck of the womb; they had also failed to observe, that the odour of the discharge from the vagina, was not similar to that of cancerous affections. Their mistake originated in touching a morbid body in the vagina without carrying the finger round it.

The celebrated accoucheur, M. Gardien, was consulted, and did not find the tumour announced by former practitioners. Its absence can only be accounted for, by supposing that during the exploration the polypus was turned backwards, either in the cavity of the womb, or in the excavation of the sacrum.

Mr. Gardien, however, assured the patient that no cancer existed, which he ascertained from the nature of the discharge.

The patient then consulted Dupuytren. This able practitioner immediately ascertained the existence of a tumour, larger at the bottom than the top, and free in its whole circumference. He

felt round it, the neck of the uterus was also free, and judging from the odour of the discharge, he gave his opinion, that the affection was not cancerous, but that the lady had a polypus, and with the consent of all parties, he performed the operation immediately. M. Gardien was present.

A speculum was introduced into the vagina, the polypus was seen, caught by an erigne, and the speculum removed. With the fore finger and these erignes the tumour is drawn towards the vulva, its peduncle drawn forwards, and cut with the scissors. The tumour fell off; it might be compared to a pear.

Diet, repose, slight bleeding, diluents. Speedy cure.

On LITHOTRITY, and the peculiar dispositions that prevent its employment.

From M. Civiale's Practice.

LITHOTRITY is an operation by no means dangerous when skilfully performed, and due regard is paid to the necessary precautions; but it must not be supposed that it can be indiscriminately applied to all calculous individuals. There are cases in which it cannot be advised, and it is because the circumstances which should cause it to be rejected have not been sufficiently remarked, that some surgeons have had to deplore the fatal results of which the unjust detractors of Lithotritry have taken such advantage. Our object is therefore to point out the cases in which this method may be employed. Experience has proved that certain dispositions considered in the first instance as contrary to the application of this system, are not of the consequence originally supposed.

Thus for instance, the paralysis of the bladder, the chronic catarrh of this viscera, had been primarily looked on as contra-indications repelling the use of lithotritry. Vesical paralysis is an unfavourable circumstance necessitating the extraction of all the fragments; the urinary bladder being unable to expulse them; the treatment is longer, but there are several examples to prove that patients have got rid of the stone without accident.

Most calculous patients are affected with catarrh of the bladder more or less intense, according to the length of time the stone has remained in this organ. Instead of this complication being increased by lithotritry, it improves during the treatment, and generally disappears with the principal disease.

Catarrh of the bladder is generally accompanied with more or less paralysis of this organ. After the extraction of the stone, cold water should be injected in the urinary canal; these injections soon excite its muscular contractions, and regulate its functions, unless paralysis be complete, and of long standing. In this case injections, notwithstanding their impotence to stimulate an organ struck with

atony, have nevertheless the salutary effect of arresting the progress of the catarrhal affection. They should be continually used and the evacuative catheterism often renewed.

Circumstances unfavorable to lithotrity frequently depend on the severe disorders attendant on the progress of the disease, either in the urinary organs, or in the general health; they also depend on the quantity of gravel or size of the stones contained in the bladder.

It is therefore necessary to consider :

1st. The size of the stone, its degree of cohesion, its situation in the bladder, that is to say, whether it be free and floating, or adherent; and finally the number of stones.

2nd. The state of the bladder and of the prostate, that of the urethra and the kidneys.

3rd. The general state of the patient.

The diseases thus classed may again be divided into four series, the first comprises the most favorable cases, which are those in which there is only one stone, small, or middling size, friable, even, hard, with a healthy bladder, the urethra free, and a good constitution.

The second series, offers condition much less advantageous, but which principally depend on the size and number of the stones. The treatment then demands greater length of time, more precaution. In this second series, the stone is large, hard, or else a great deal of gravel, the bladder nearly healthy.

The cases comprized in the third series are unfavorable; yet do not quite repel the use of the new method, which on the contrary succeeds when proper attention is paid to the evil disposition of the organs. It will then be well to make one or two trials, not injurious to the success of cystotomy, if later on, it be necessary to have recourse to it.

In the fourth category, we must place the cases for which the new method is generally contra-indicated; a single stone, but voluminous and hard, quantity of gravel of middling size, enkysted stone, horny bladder, bloody, and very painful; prostate hypertrofied, salliant, painful, strong deviation of the urethra, persisting coarctation of long standing; urine purulent, ammoniacal; kidneys diseased, patient irritable, weak and of a worn out constitution.

We must state that in calculous patients, there is so great a variety of circumstances that it would be difficult to class them. Experience is by far a safer guide than any thing that could be said on the subject. We shall therefore give some cases from the practise of the celebrated surgeon to whom mankind is indebted for the invention of lithotrity.

FIRST SERIES.—*A small stone*; healthy organs; age sixty eight, lithotrity, cure in only two sittings.

Monsieur Delabécaciere, of Guincamp (Côtes du Nord) of a robust constitution, had symptoms during fifteen months, which gave rise to the supposition that there was a foreign body in the bladder.

The pain having become intense, the patient on the 12th of May 1827, went to Paris. By the catheterism, M. Civiale soon ascertained that the stone was not large, and had produced no organic alteration. Two applications of lithotrity performed, one the 22nd, the other the 25th of May, sufficed to crush, and bring forth a stone as large as an almond. The patient was not subjected to any regimen, he continued his walks daily, and did not feel in the least unwell. Civiale's second letter on Lithotrity, page 8.

CASE, æt seventy two; stone middling size, organs healthy, cure in four sittings.

Mazier (Charles) native of Paris, a coachman, of a pretty good constitution, had for twelve months shewn symptoms indicating calculous affection. These symptoms were for some time attributed to every cause but the right one. In December, 1835, they were ascertained by catheterism.

The patient entered *l'hôpital Necker*, where M. Civiale confirmed the diagnostic which had already been ascertained; the stone was of middling size; the organs healthy, slightly irritable, the general state of the patient satisfactory.

After a few days repose and the usual preparations (the daily and temporary introduction of soft bougies, so as to prepare the urethra for the instruments) M. Civiale performed an operation on the 12th December, with a curved instrument. The stone was taken and crushed; it was very soft. The patient ejected the remains the same evening, and the following days; he had a bath, he took no other food than broth.

The patient was again visited on the 19th, 26th December, and the 2nd of January. On the 18th of January, he left the hospital perfectly well.

CASE.—*Aged sixty-five years; lithic diathesis: two relapses in eight years lithotrity.*

Désiré—(Charles Thomas,) a clerk.—Constitution good; an operation had been performed, for the first time, in 1827, by M. Civiale, who, in four sittings, had extracted a stone, of middling size. The patient continued in excellent health till 1833. There was no symptom of calculus, but at this period he shewed signs that led to the supposition that a foreign body was in the bladder. On the introduction of the catheter, a small stone was felt, and crushed in the same manner as the former, and the general health was not the least affected.

The 2nd of July, 1835, this man was again admitted into *l'hôpital Necker*. He laboured under great difficulty of making water, and pain at the end of the gland after voiding his urine. Experience had made him acquainted with lithotrity, and having the greatest confidence in it, he, for the third time, willingly submitted to an operation.

Mr. Civiale made an exploration with the three-branched instrument, a small pliable calculus was taken and crushed, the piece

were brought out by the instrument. The operation lasted five minutes, and was not attended with any pain. The patient returned home on foot, and voided the remainder of the stone.

The 25th of July, he returned to the hospital, and underwent a second operation, which consisted in crushing the fragments that were too large to pass the internal orifice of the urethra. The bladder was thus emptied, and from this time the patient ceased to complain.

A minute exploration was made about a week afterwards, which left no doubt as to the perfect cure.

CASE.—Patient fifty.—Calculus small and hard; healthy organs; lithotrity, four visits—cure.

Herriez, (Nicolas, Antoine Denis,) a labourer, had always enjoyed good health till 1833, when he felt considerable pain in making water; the cause was unknown—the pain increased.

The 10th of September, 1834, about a year after this illness, this patient appeared to have all the symptoms of the stone: he had a great dislike to the use of the catheter. The bladder contained a small calculus. Mr. Civiale ascertained its existence, and admitted the patient in his service, at the *Hopital Necker*.

Repose, baths, injections, diluting beverage, the temporary and daily introduction of soft bougies, speedily prepared this patient for the operation; his condition was very favourable; four sittings sufficed to relieve him completely; the stone came away easily.

The 11th of October, a definitive exploration confirmed the patient's cure, and he left the hospital on the following day.

CASE.—Age fifty-one.—Small soft stone; organs nearly healthy, vesical catarrh, strong constitution—cure in two visits; orchitis during the preparatory treatment.

Moinery, (Armand Richard,) *de Paris*, commercial traveller—had for eighteen months felt the symptoms of a calculous disease. At different times he had expelled through the urethra, and without pain, small calculi. The accidents increased; there was a thick sediment in the urine; he could not go into a coach without feeling acute pain in the gland; he suffered a great deal after making water, and his urine was sometimes tinged with blood. He did not proceed on his journey, but stopped at a provincial town, consulted a surgeon, who, without making any exploration, treated him as if he had only a vesical catarrh.

Three months passed thus, and the patient under this treatment grew worse; he took courage, returned to Paris, saw Civiale, who ascertained that there was a small stone in the bladder; he was admitted into the *Hospital Necker*, on the 23rd of November, and prepared for lithotrity. The operation was attended with complete success.

The preparatory treatment was, however, suspended by an orchitis, which put off this operation. This accident gave way to the means usually employed in similar cases.

The 19th of December, an exploration was made with a lithotritic instrument, in order to ascertain the real size and cohesion of the stone; it was immediately taken and crushed; it was small and pliable.

This exploration was converted into the operation. The extraction of the instrument necessitated an incision in the urinary meatus on account of the lithic fragments agglomerated in the curved part of the fixed branch.

On the 26th of December, a second operation concluded the treatment; a few fragments, too large to pass through the neck of the bladder, were crushed and expelled in a few days. He left on the 11th of January, completely cured of the stone and vesical catarrh.

The cases just related shew the facility with which lithotrity is performed. The patients were in the most favourable condition in all respects, and no accident occurred; the cures were speedy. The number of satisfactory cases will increase when patients understand the necessity of submitting to explorations as soon as they feel any unusual symptoms in the emission of their urine.

One case gives a remarkable instance of the recurrence of the calculous affection; it also shews the harmlessness of lithotrity. The patient had submitted to no preparation; his habits were not changed; he came on foot to the hospital, which was at some distance from his abode, and he walked home after the operation, which was less painful than having a tooth drawn. In the space of eight or nine years, he was operated three times.

The disposition of certain individuals to a return of the stone cannot, unfortunately, be doubted. This appears to have been forgotten in the appreciation of the degree of certitude that should be given to the cure of patients by this new mode of operation.

It has been said, that after lithotrity, there was more danger of fragments of the stone being left in the bladder, than after lithotomy; but it could be easily proved by a number of facts, that stones had been found in the bladder of calculous patients, who had perished after cystotomy, and from whom several stones had been extracted. Very lately, in an hospital in Paris, a case of this kind was observed, not of a single stone, but of three out of four, for one alone had been extracted during the operation.

Putting aside these deplorable mistakes, which in both methods are the deeds of the operator, and not of the method employed, we think we can affirm that in lithotrity there is less chance than in lithotomy of leaving stones, or fragments of stone in the bladder, as the means of exploration by the new method, are more precise, and give greater certitude than those adopted by cystotomy; numerous examples have shewn, before the invention of lithotrity, the existence of this lithic diatheses, which seems to be natural to some individuals.

THERAPEUTIC OF RHEUMATISM, By M. CHOMEL.

M. CHOMEL considers gout and rheumatism as one and the same disease; he has made rheumatism his constant study, and we are happy to have it in our power to take advantage of the result of his long experience and constant researches. What is most important for us to ascertain is the treatment of a malady on which there are so many different opinions; and we shall here give Chomel's conclusions on articular and acute rheumatism, and the principles of what this able practitioner considers rational treatment.

In young and robust individuals, says Chomel, bleeding once or twice, is very desirable, in order to abate the febrile action, and diminish the violence of inflammatory symptoms in the articulations already affected, and in those likely to become so; and at the same time to prevent metastasia. But bleeding must not be frequently renewed, lest the strength be too much lowered, for weakness eternizes convalescence, and disposes the patient to a relapse.

Local bleedings are less desirable than phlebotomy, in articular febrile rheumatism; they are not so appropriate as the latter to a disease evidently general, frequently constitutional. If they relieve the articulation where they have been made, they do not prevent the pain arising elsewhere, and were they employed wherever the arthritic phenomena reappeared, the patient might be extenuated, as the disease flies from one part of the body to the other. Yet if the rheumatismal articulation be a prey to intense pain, and that there are convulsive motions in the adjoining muscles, local bleeding is then absolutely necessary, even at the risk of weakening the patient. In this case, indication is of higher moment than contra indication, and leeches are more advisable than cupping, which is always a painful operation, and if performed on an articulation already suffering, the pain would be almost unbearable.

It is generally advisable to apply soothing plasters to the affected articulations, but this is by no means an universal rule. Rheumatism is sometimes attended with so great a degree of heat, that it would be wrong to put a stop to the diminution of caloric by any topical application. But when the patient feels the cold in the affected articulations, poultices are indispensable.

Warm baths, are undoubtedly advisable in all inflammatory cases, and in rheumatic fever, though the patient's removal from the bed to the bath, and then again from the bath to the bed, is always inconvenient, and however short the distance, the patient is sometimes unable to bear the slightest motion. Where there is perspiration, baths must not be employed, as the patient is then in a natural bath. Another contra-indication is the fear of cold, either in the bath, or on leaving it, and then more harm than good is done.

Drink should be cooling, though contrary to the practise of the

ancients, who administered warm beverage; from thence resulted increase of perspiration, and too great a degree of heat, which could only tend to the discomfort of the patient, without procuring any ultimate benefit. If there be abundant perspiration and fear of suppressing it by cold drink, very little should be taken at once, for instance half a glass every quarter of an hour. This beverage will have the effect of gradually diminishing the perspiration without any danger, and instead of the diaphoresis, the urinary excretion will be increased. Whey, or a decoction of dogs'-grass and a little salts of nitre are generally recommended.

M. Chomel then advises that the bed should not be too soft, to elevate the articulations, so as the liquids may pass freely. The diet must not be too low. At the commencement of the malady, whey, gruel, fruit, vegetables; and when the fever is abated, jellies, red fruit, &c. &c.

Vapour baths have most powerful effects toward the termination of the disease. If any complications arise they must be immediately combated.

Such are the rules laid down by M. Chomel for the treatment of acute articular rheumatism; but it is well known that this affection is not confined to the articulations; it may attack the muscular tissue, and in the opinion of numerous practitioners, invade the viscera. Chomel thinks that rheumatism can only affect those of our organs in which there is fibrous or muscular tissue. Thus the diaphragm, the heart, the air passages, the digestive tube, the bladder, the uterus, are liable to become the seat of rheumatic pains. M. Chomel gives the following cases.

A young man of twenty was troubled with rheumatic pains during six months. The 12th of February he felt in the right shoulder a pain which extended half round the chest, the pain was intense and accompanied by hiccup. This patient was admitted into the hotel Dieu, sinapisms were applied to the upper extremities, and in two hours the pain was almost gone; the 15th he left the hospital cured.

The 18th the same pains returned without any apparent cause; he was again received in the hospital; sinapisms were employed, and the following day fifteen leeches were applied; the pain was then felt lower down, in the abdominal muscles; it did not last long, and on the 23rd the patient left the hospital, cured.

On the 24th the pains again came on, sinapisms were employed, and leeches put on the suffering part; in a few days the patient completely got rid of his rheumatic pains.

The following case of rheumatic affection of the stomach is also given by M. Chomel.

A carter had felt acute pains in the back, for a week before he came to the hospital; he was bled, which greatly relieved him, but the pain became local, and was seated on the left tibio astr-

ilian articulation. Two days afterwards the knee was affected, and then the left shoulder. The following day, eight leeches were applied on the knee and six on the internal malleola.

The pains were diminished, and the patient was in a more satisfactory state; he came to the Hotel Dieu on the 3rd of July, on the 4th there was a relapse, fifteen leeches were again applied to the knee; towards evening the patient had violent colics, the stools were streaked with blood; the colic came on the next day; *rice water, with syrup of gum, an injection of decoction of linseed and poppy flowers; and a draught composed of gum, and a grain of nux.*

The 9th of July, the stools were still streaked with blood, and accompanied by tenesmus; vomiting came on, and the patient threw up a great deal of bile and mucosities streaked with blood; the patient felt great pain in the epigastrium, but none in the limbs. The feet and knees were covered with sinapisms.

Twenty leeches were applied to the anus. The following day the patient was nearly the same; fifteen leeches were applied to the epigastrium, and sinapisms on the right knee and left foot.

The patient continued in much the same state till the 16th of July. The rheumatism of the knee again came on, but no stools or vomiting.

The 20th of July, the abdominal pains re-appeared, and the swelling and pains in the knee were abated. The stools were of the same nature, and continued thus till the 25th, when the pain in the knee again came on. The next day the pains were gone, but the state of the patient was far more serious. Two blisters were applied to the knees, and leeches on the anus. The patient gradually recovered, and left the hospital on the 10th of August, quite well.

MIDWIFERY.

Protrusion of the Right Arm in the Vagina, deliverance by bringing the Head in the Pelvis, and the use of the Ergot of Rye.

Doctor A. M. Hoffman, of Franckfort on the Main, has favoured me with the following observations:—

On the 18th of October, 1836, towards seven P. M. I was called to attend M. H., aged forty. The labour pains had begun in the course of the preceding night, the membranes were not yet ruptured, but formed a long narrow pouch in the vagina, and in them I could feel the arm of the foetus. Having already delivered this lady three times by the use of the forceps, I was well aware of the narrowness of the pelvis, I therefore, resolved to avoid the inversion, I thought it would not be effected without danger for the child. I introduced my hand as far as I could in the vagina and at the

same time rupturing the membrane, I pushed back the arm into the uterus, and by a suitable pressure on the abdomen, the head which was situated on the right side of the pelvis, came right to the centre of the aperture. I kept my hand introduced, still continuing the pressure outwardly on the abdomen, and I gave the patient thirty grains of ergot of rye, in order to force the head down, for I suspected that the arm would again protrude, the uterus being so much inclined forward that I had not been able to repeat the arm high enough to be certain that it would remain in that situation. The pains increased very soon, the head came down, I withdrew my hand, and the patient was delivered of a live child half an hour after she had taken the ergot of rye.

REMARKS.—We have to consider two different points in Dr Hoffman's observation.

First, the manœuvre, and second, the effect of the ergot of rye. Of the effects of the last mentioned substance, there remains now hardly a doubt. It has been proved by numberless facts, that when suitably employed, it helps the deliverance, and avoids having recourse to the inversion, or the use of the forceps. We have frequently pointed out the propriety of its use. We may add this observation to all those already published; it shows that in some cases we may recur to it, though we do not find in the pelvis the natural extent required for an easy labour. However, we shall say that in such cases, it must not be administered without mature deliberation, and when the narrowness is such, that even violent pains would perhaps not effect the deliverance, the forceps ought then to be preferred.

As to returning the head in the pelvis, this mode of proceeding has been the subject of a memoir recently published by Mr. P. Dubois. No doubt, that whenever there is a presentation of the arm, it ought to be effected whenever it is possible, but this is not often the case, and there are obstacles which oblige us mostly to proceed to the turning by the feet; it is useless to point out its advantages when the pelvis is under its natural extent, as in the foregoing observation. We meet with the following fact in the *Archives Generales de Medecine*, which sets beyond a doubt the judicious observations of Dr. Hoffman.

In 1831, Doctor Bisson attended a lady, in whom there was evidently a narrowness of the pelvis; the head was well situated, and the deliverance took place after long and laborious efforts.

In March, 1833, the same lady had reached the ninth month of her second pregnancy; the labour was long and tedious, and when the os uteri was sufficiently open, Mr. Bisson having torn the membranes, met the child's elbow, the arm protruded, and came out at the vulva. Mr. Bisson attempted to turn by the feet, but the violent contractions prevented him; he sought then to bring the head down, and having succeeded, and the pains

increasing, a live child was born an hour and a half afterwards.

The next year the lady was pregnant for the the third time; the child presented in the same manner. Another surgeon was called; he thought proper to turn by the feet, the head remained fixed a long time, and the child was still-born. Such facts need no remark, and fully prove that whenever it is possible, there is the greatest propriety in bringing down the head.

It would certainly be most improper to recommend this proceeding as a constant practice, and very true it is, that it is almost always impracticable to allow of such a manœuvre; we must expect a very small child, and the membranes just torn, so that some of the liquor amni is still contained in the uteri, or else we cannot suppose in a real presentation of the shoulder that the body of the child will vary its situation by just altering the direction of the head.

Now, in the situation just described in Dr. Hoffman's observation, the shoulder must have been placed in the centre of the pelvis, the head reclined on the right side of it, and the anterior surface of the body answered to the anterior surface of the uteri, the feet occupying the fundus. Now, what a prodigious alteration must have taken place, to send the head in the centre, and the right shoulder consequently on the left side of the pelvis, whilst the feet must have been pushed from a very forward to a very backward direction, and then the head must have come down, the face uppermost, and presenting at its first entrance in the pelvis its occipito frontal diameter, (four inches,) in the oblique diameter of the pelvis, which in its *natural size* would have been four and a half inches; in such a circumstance, no doubt the head may easily come through, but we are told the pelvis had not that extent, though we do not know how much less.

However, let us suppose that Dr. Hoffman had on the contrary turned the child and brought the feet down, (which would have been just as easy at the moment of the tearing of the membranes he would have pushed his right hand forward and found the feet inclined forward on the anterior part of the uteri, the back of the child would have been brought corresponding to the left acetabulum, and the occiput coming in contact behind that same cavity, the chin then would have been covered, and bent on the breast, offering by that manœuvre, the transversal or parietal diameter three and a half inches in the oblique diameter of the pelvis (four inches,) giving the advantage of one diameter one inch less than the one which must present when the head is foremost; is it not indeed that reason, which has led to the adoption of this manœuvre when the head is situated even in a right position, but above the brim of a narrow pelvis.

“When a slight degree of narrowness of the pelvis, which would not allow the easy descent of the head, induces us to turn the child by the feet, it is not in the hope, as some practitioners

have supposed, to add a greater strength to the patient's efforts. The particular structure of the head is such that it diminishes more in its thickness, and descends more easily, when the child comes by the feet, provided it is well guided; that is when the head comes first; though a great number of practitioners suppose the contrary, and are of opinion that it then offers its greatest width to the brim of the pelvis." (*Baudeloque's Midwifery*, 1307.)

We read in the same author, (1518,) "The method to adopt in those different presentations, (the shoulders,) is easily decided; it consists in turning the child by the feet; we should be ill advised in all these cases to attempt to bring the head in its natural situation."

On EMPYEMA.

By CRUVELLIER.

SINCE the discussion on empyema, M. Cruvellier has had an opportunity of observing a case in which this operation had been performed, which seems to establish the innocuity of the contact of the air with the pleura, and of the advantage of the thoracentesis.

A young woman was received into the wards of *la Salpêtrière* for a paraplegy; she was attacked by a pleuresy which, in spite of bleeding, terminated in purulent effusions. All the therapeutical means employed were unavailing, and suffocation being imminent, M. Cruvellier made the puncture of the thorax; a pint of serosity was ejected, after which, the canula was introduced; immediate relief was obtained.

Six days after, suffocation being imminent, a new puncture was made, but little matter escaped, and the relief was but slight. M. Cruvellier ordered the chest to be opened widely; the pus flowed out largely; the respiration instantly became so free, that the patient fancied herself cured; this relief was greater every day, but the dyspnea kept the patient so long in bed, that large eschars were found at the sacrum; the mortification made rapid progress, and the patient died of it twenty-three days after the last operation.

Post Mortem Examination.—The two gangrenous eschars reached the ischiatic tuberosities; on the left side a gangrenous mass extended from the great labia to about a third part of the thigh to the biceps femoris. The purulent effusion did not occupy the totality of the thorax. It was limited at the bottom by the diaphragm, at the top by the basis of the lungs; outside, by the *costale* coats, and extended backwards between the posterior border of the lungs. The lungs adhered elsewhere by cellular ties; a small purulent isolated mass existed between the pleura

mediastine and the pulmonary pleura; the great purulent mass was enkysted; a thick red pseudo membrane limited it on all sides.

It is quite evident, says Cruvellier, that this case cannot be classed among the failures of empyema; it should, on the contrary, be considered as successful; for the patient evidently fell a victim to the gangrenous eschars. Besides which, there was paraplegia, stomatitis, chronic pulmonary catarrh, and tubercles, occupying the summit of the right lung. Pleurisy appeared to terminate at once by adhesion and suppuration. This case was favorable for a cure, as the purulent effusion was circumscribed; the pneumothorax, arising from the opening of the chest, was also circumscribed. The incision here was preferable to puncture. This will always be the case when the matter to be evacuated is not completely liquid.

PHLEGMASIA ALBA DOLENS,

By M. Roux, *Surgeon to the Hotel Dieu,*

WITH REFLECTIONS ON THE ACTUAL STATE OF SCIENCE ON THIS DISEASE.

In the wards of St. Jean, was a young girl, sixteen years old, lymphatic constitution, skin white and soft. Fifteen days previous to her entry in the Hotel Dieu, she was suddenly affected by a considerable swelling of the entire right leg, without knowing to what cause it was due. She had never been pregnant nor received any blow. The swelling was free from redness or warmth, offered considerable tension and elasticity, without being very painful; the impression of the finger did not leave any mark as in oedema.

The disease was considered as a phlegmasia alba dolens, and treated accordingly. Fifteen leeches were applied three different times on the parts of the thigh most swelled; the swelling subsided, but pain ensued. Compression was made; amelioration progressive, and cure followed.

Another patient in the same ward, was affected with phlegmasia dolens, but with inflammation of the femoral vein, and treated like the former.

PRACTICAL REFLECTIONS.

What is phlegmasia alba dolens?—According to Albert, an affection of the femoral nerve; according to Joerg, a disease of the sciatic nerve; Davis considered it as a phlebitis; some others, and the French particularly, think that it is an inflammation of the serous æreolæ of the subcutaneous cellularis tissue, analogous to the

puerperal peritonitis. Few observations suffice to prove the of the three first opinions. Neither the seat of the pain, nor post mortem examinations have demonstrated the affection of nerves or of the veins; the pathological anatomy shews no lesion of the cellular lamellæ, with a morbid secretion of a fluid as in the puerperal peritonitis; so that some medical authors have called it the hydrophlogosis cellularis of women in their confinement.

But is it true that this disease only attacks women who are confined?—Although we have only seen it in similar circumstances, some others have observed the disease in different conditions. Frike, of Hamburg, has published a case of a man, and what is remarkable it was on a thoracic limb; it is known that this disease had been observed only in the abdominal limbs.

This disease, began without any manifest cause, by pain on the back of the hand, which went to the humerus, and became *tereb*

Later on, the part swelled, the fingers increased, and became stiff and immoveable; the skin did not change colour, but remained elastic, with tension and warmth; the progress of the disease was slow, and when it reached the summit of intensity, it remained stationary during many weeks; gradually the pain decreased, disappeared entirely, but the limb remained a little stiff.

The phlegmasia alba dolens cannot be confounded with œdema; in this last disease, the swelling begins, and progresses slowly, from the bottom to the top, from the foot to the thigh without pain, and without elasticity of the distended tissue; the finger leaves an impression. Nothing of that kind is observed in the phlegmasia alba dolens; its symptoms are not more those of phlebitis nor of angiopleuritis.

The following case merits attention:—

A young woman, twenty-seven years old, pregnant for the first time, and affected since the beginning of her pregnancy with venereal blennorrhœa, was received in the hospital of Strasbourg, in the wards of Lobstein, the 11th of February, three weeks before the term of her confinement. The leucorrhœa was treated by injections of a solution of nitrate of silver; nine days after the beginning of the treatment the discharge was suppressed, but a very intense, catarrhal inflammation supervened, which fatigued the patient considerably.

The first labour pains began the 25th, in the morning; in the evening the woman gave birth to a still-born child; the patient recovered well the first and second day after the confinement; the catarrh was decreased; but during the night of the second to the third day there was fever, with delirium; the following day that fever had subsided, although the milk had risen.

The 1st of March, a continual diarrhœa was moderated by medical means, and the same day the patient felt a pain in the right thigh; the following day, the pain increased, and the patient was affected by œdema, and also the labrum of the right

this œdema was not perfectly similar to those of the ordinary serous infiltrations; there was no transparent appearance, but rather a waxy colour; the parts were warmer; the impressions made with the finger painful, but did not leave any mark on the skin.

The fever till then slight, became serious the following day; the tumefaction and pain in the thigh were considerable as far as to the knee, which though not swelled, was painful. The disease continued till the 7th of March, when a diarrhea complicated the other symptoms; little hope was then entertained of saving the patient. The thigh remained swelled, but the woman did not complain any more; she was in a state of permanent delirium; her strength diminished rapidly; the 9th of March she breathed her last, in spite of all the means employed in similar cases.

Post mortem examination. In the diseased limb, the net-work of the subcutaneous cellularis tissue was filled with lymph of a yellow-greyish colour, the consistency of which was a little more dense than that of the serosity in ordinary dropsies; the small lamellæ which constituted the areolæ of the cellular tissue were less transparent than usual; the disease did not penetrate in the cellular intermuscular tissue; the muscles, although paler than usual, presented no change in their texture; so it was with the nerves and the vessels; the veins were not obtruded by polypous blood; the lymphatic vessels were not examined, but the gland presented no other alteration than a slight swelling, with softness of their tissue, which seemed caused by the infiltration of the lymph in the interstices.

The fluid infiltrated in the subcutaneous cellularis tissue did not evacuate as in the leuco-phlegmasies, when incisions are made in the morbid tissues; there was no smell, no putrid odour.

Nothing was found in the viscera of the splanknic cavities; the womb had nearly its natural size; the lungs seemed in a morbid state, for the tissue was more easy to break, it seemed as though it had been macerated.

The phlegmasia alba dolens is not generally fatal, so that the pathological observations are not numerous, and it gives some interest to the observations we have related.

In the study of the observations of phlegmasia alba, published by Mauriceau, who first described it, it is not difficult to trace the general characters of this disease.

This sketch is drawn by Lobstein.

Beginning in the first fortnight after confinement, by a pain in one side of the genital organs, with or without fever; very soon after the suffering part is affected with tumour, tension which reaches the internal surface of the thigh, passing over the knee, in the leg and the foot of the same side; the tumefaction is so rapid that in two days the limb is doubled in size; the patient cannot move it without great difficulty; it becomes warm, sensible without

the ocular conjunctiva on a level with the lower part of the transparent cornea, to an extent of two lines, to two lines and a half, with nitrate of silver cut like a pencil.

The following day the conjunctiva were very red, the mucous vessels much dilated, the eyes were light; and tears ran down the cheeks; there was cephalalgia, the pulse quick.

The patient was bled, and soothing collyria prescribed, and the eyes covered with wet linen.

The 26th of October the inflammation was diminished; the patient was better, had less fever; the pupil of the eye, seemed to contract more easily, the emulsient collyria continued.

The 28th of October the conjunctival inflammation is slighter, the pupils more contracted, and the patient could see a little.

30th of October the ophthalmia had nearly ceased and the pupils gradually recover, the patient continues to see better, and can distinguish the objects shewn to him. He can walk about without a guide.

The 15th December. The patient went away, he could walk unattended, distinguish different objects but was unable to read, the state of the brain may prevent the cure being more perfect; the pupils are contractible, and but little dilated.

ANALYSIS OF BOOKS,

LECTURES on the MORBID ANATOMY of the SEROUS and MUCOUS MEMBRANES, by THOMAS HODGKIN, M. D.
London. 8vo.

As a disciple of that school of Paris, which has done so much for morbid anatomy, we need not say that this work, by an independent man, has for us great attraction. The manner in which he speaks of France, deserves our special gratitude.

“ Before I conclude, I must not omit to enumerate those authors, by an acquaintance with whom your pathological studies will be most materially assisted. Let me then recommend to your attention the works of Morgagni, Baillie, Portal, Laennec, Cruveilhier, Rostan, Abercrombie, Andral, Bright, Lobstein, Louis, Billard, Carswell, and Foville. I shall from time to time point out more precisely the sources whence you may best derive information on particular points.

You may perhaps be surprised that I should have recommended so large a majority of foreign writers; and be inclined to accuse me of a want of attachment to my country. Such a charge I would resist with indignation. Though I be able to perform little or nothing, in respect of patriotic feeling I will allow myself second to none. At the same time, I cannot omit the opportunity of cautioning you against the illiberality of those remarks, which tend to inculcate on your minds, that

every thing which is valuable in science has been done in this country, and that foreigners have become eminent only by plagiarism.

The investigators of truth must, if at all successful in their labours, frequently arrive at similar conclusions, although their researches may have had no connection with each other. Nor ought we to regard with dissatisfaction the labours of our foreign brethren, as if nothing remained for us to do. Let us remember the words of Seneca: *Multum adhuc restat operis, multumque restabit, neque ulli nato, post mille secula, præcludeter occasio aliquid adjiciendi.*

To me it appears to be a duty which we owe to our country, to import every improvement, and every new discovery, which the labours, or the superior opportunities of our neighbours, may have enabled them to make. These, if rightly used, will become so many important implements in our hands, facilitating, rather than retarding, the additions which it should be our ambition to effect."

The remarkable manner in which he terminates this letter, is full of real philosophy, and worthy of a scientific man, above any of those petty feelings, which tarnish the most brilliant names.

"The temple of science is erected on a neutral territory, to which no age, and no nation, can lay a peculiar claim. Whilst we see, in its immoveable foundations, those massive stones of memorial which have been laid by the gigantic hands of our great predecessors, Bacon, Harvey, and Newton, we should feel that we are above national jealousy, and be actuated only by a generous emulation; that, while the fabric is happily advancing by the united labours of many nations, our proportion of the work may be such, as to prove that we are not degenerate. And I would fain indulge the hope, that the ill-bodings of those, who think that they see the symptoms of decrepitude in our country, may prove unfounded—that, for ages to come, she may produce sons who will contribute largely to carry on the work—and that in every period, the offerings of our countrymen may be amongst the richest accessions to the treasures in the temple of science."

The first volume contains ten lectures; five are consecrated to the serous membranes of different organs—the arachnoid, the pericardium, the pleura, the peritonæum, and the tunica vaginalis and bursæ. The seventh lecture treats of the parasitic animals. Dr. Hodgkin explains his views on the adventitious membranes in the following lecture; then proceeds to a subject which he tries to elucidate, and frees from the obscurity that writers and practitioners have thrown upon it. He asks himself this question:—What is malignant disease? and he gives the characteristic of these diseases, by pointing out their inadequacy. He consecrates the eleventh lecture to the colours of animal tissues; then he gives a comparative report of the opinions of different authors on malignant diseases, which he terminates by a statement of his own views.

There is in the termination of this important work, a part that we are happy to find as a confirmation of an opinion that we have advocated and published more than a year before the publication of

the present work. We allude to the formation of the adventitious and malignant growth.*

In terminating his work, Dr. Hodgkin says :—

Now, although it is pretty certain that some kind of transudation takes place during life, yet it seems to be different from the transudation which takes place after death, and much less marked. It is to this transudation that the escape of small portions of nutrient fluid for the production of adventitious growths is somewhat allied. The circumstance, that local injury or spontaneous decline of vital energy in many instances may be proved to precede such formations, give further plausibility to the idea of this transudation or oozing. I have already expressed some opinions connected with this subject, when treating of parts predisposed to favour the growth of adventitious tissues, which seemed to be the farthest removed from that influence, which, whatever be its nature, is sufficiently evident in its office of presiding over and maintaining our forms. *It is possible that the co-operation of the nervous extremities may be defective,* and that we see, in these growths, nutrition in one of its simplest forms, and dependent solely on what may be termed plasticity of the fluids. The production of these growths appears to be essentially *distinct from inflammation, and ought not to be confounded with it:* but where inflammation has subsided, and its product being of the plastic character, organization is attempted, there is a certain similiarity in the elongation of old vessels into the new material. There is likewise a similiarity in the two cases, as respects the success and permanency of this process depending on the nature of the substance into which the vessels are to be elongated. I see no reason to adopt the opinion of some pathologists, that they are arterial and venous vessels in the one instance, and arterial only in the other. Viewing, as I do, the adventitious structures, with which I have now so long occupied your attention, as examples of formation in its simplest character.

The work of Dr. Hodgkin is so full of observations and facts, that it ought to be in the library of all medical men who make morbid anatomy the guide of the diagnostics, and of therapeutical indications. We agree with Dr. Hodgkin when he says, that morbid anatomy is as necessary for the medical practitioner as a test, as it is for the merchant to keep and balance his accounts. Dr. Hodgkin's work will find a place near those of Dr. Baillie, Cruvellier and Morgagni.

EVILS of the FACTORY SYSTEM, demonstrated by Parliamentary Evidence, by CHARLES WING.

THE work we have before us contains much useful matter, and we have derived instruction from its perusal. The subject is one of deep interest to every class of readers, but it is doubly so to the

* New Treatment of Malignant Diseases and Cancer, by Dr. Bureau Riofrey.—Longman and Co., and Henry Kent Causton, Birchin Lane.

members of the medical profession, and in this light we give it our attention.

The excessive degree of labour to which young children are subjected, is calculated to destroy their health, weaken their constitution, and bring them to a premature grave.

Pulmonary diseases and scrofula are a very common consequence of the hard labour of children in factories; deformity of the lower extremities and spinal distortions naturally result from long standing, and these deformities are almost always preceded and accompanied by excessive pain in the parts principally affected.

That a mere love of gain should induce human beings to inflict such tortures on their fellow creatures cannot be sufficiently deplored, and that in a country like England, the law should sanction proceedings so revolting to our most natural feelings, must be a subject of regret to all thinking minds.

The following extract will enable our readers to judge of the pernicious effects resulting from over labour.

Alexander Dean, aged twenty-six, examined 29th June, 1832.

How many years have you been employed as card-miner?—Fourteen.

How many hours labour were required of you?—Not less than seventeen hours, to my recollection, exclusive of meals.

How were the children kept in the establishment, they having to labour to such an extent as you have described?—They were kept in a constantly standing posture, no leave was allowed for sitting.

Were children kept to that work by chastisement? Yes, they were beaten, sometimes with a strap, and the master himself would strike them both with his feet and hands.

In what manner were you beaten?—I was struck one time by the master on the head with his clenched fist, and kicked when I was down with his feet.

Did you see any one else treated in that way?—Yes, I saw one girl trailed by the hair of her head, and kicked; she cried out murder several times.

What effect has this long standing on children, especially on females?—The feet of the girls swelled so that they are ready to take off their shoes.

Does it occasion positive deformity?—Yes, the girls often become knock-kneed and bow-legged.

Has it at all affected you?—Yes, I am very much knock-kneed.

Have you seen any body as deformed as the boy Openshaw?—Yes, a great deal more so; there is a man now about thirty-years of age; this man with his deformity, is not above four or five inches high, (?) had he grown to his proper height, I think he would have been about five feet eight, or five feet nine. He slides about on a stool to do his work. His shape is that of the figure of 3; his body is twisted in one direction, and his shoulder in another; the body is twisted backwards and forwards, and his legs are so bowed, that he only sits on his heels. It is known that this deformity has come upon him since he worked in the mills."

Children thus employed in factories, and kept to hard labour so many hours, cannot be healthy subjects; they suffer from the want of fresh air; rheumatism is also a very common complaint

amongst them; and after a long day's labour, they pass from a high temperature into the open air at all seasons, often in a state of perspiration likely to bring on serious disorders; and these unfortunate children are the victims of pulmonary consumption, generated by sudden transition from heat to cold, and going with thin clothing in to cold damp air.

It is lamentable to reflect on the oppression young children are subjected to, and the labour required of them, far above their strength, amounts to barbarity; there are societies for the prevention of cruelty to dumb animals, and are there no means of arresting a course likely to produce such serious consequences to the present and future generations?

To deprive any portion of mankind of heaven's choicest gift, to rob the young of their health, to embitter the present and future part of their lives, by bringing on diseases which too frequently become incurable, is to incur a heavy responsibility.

The aim of the present publication is to promote the physical and social condition of children and adults labouring in factories. It is a most laudable undertaking, and reflects great credit both on the head and heart of the author, and we recommend it not only to our medical brethren, but to the public in general, who will find a mass of interesting subject in this voluminous and able work.

VARIETIES.

PARIS AND LONDON.

PARIS.—Antoine Dubois died on the 30th March, at the age of eighty-one, of a pleura pneumonia, which only lasted six days. He was one of the oldest members of the faculty, and deeply regretted by the profession, and by the medical students, who followed him to the grave, and evinced the deepest sorrow for the loss of their ancient master, whose solid talents had cast so great a lustre on French surgery.

Mr. Andral gave an account of a paper, by Mr. Dalaroque, on the treatment of typhoid fever, by aperient medicine.

The result of Mr. M. Andral, Louis, and Piedagnel's observations are:—

1st. Purgatives are not as dangerous as they are represented to be. That in no case of commencement of typhoid fever have they increased the disease.

2nd. That in serious cases, purgatives have produced more advantageous results than bleeding, or the *methode mixte*.

3rd. That in all cases indiscriminately treated by aperients only; the mortality has been less than by bleeding.

The result of these comparative experiments is as follows :—

Mortality is as 1 to 3, according to the *methode mixte*.

As 1 to 10, by purgatives.

As 1 to 4, or 1 to 8, by repeated bleeding.

As 0, by the *methode expectante*.

Sydenham and Morton treated the small pox, the former by bleeding, the latter by tonics.

These results will be found in direct contradiction with Mr. Andral's clinic, if compared to the statements made in his work.

Thus :—74 patients were treated by bleeding—35 died.

10 by purgatives—9 died.

40 by tonics—26 died.

More patients are lost by purgatives than by any other method.

According to M. Louis, in 207—71 died, which gives the proportion of 1 to 3.

M. Bouilland affirmed that repeated bleeding was by far the best mode of treatment, though not well understood.

He takes four pounds of blood in four or five days ; from some patients two pounds ten ounces ; the general medium from two to three pounds.

M. Bouillard asserts that in 71 cases of typhoid fever, treated by repeated bleeding, he only lost three patients, while M. Delaroque lost 1 in 10.

It therefore follows :—

That M. Chomel loses 1 patient in 15, by *Chloride*.

2nd. Andral loses 1 in 7, by purgatives.

3rd. 1 in 24, by repeated bleedings.

These numbers surely require to be rectified.

M. Andral, at the following sitting, replied to the observations made on repeated bleeding, and said that he had frequently recourse to bleeding, in his own practice, for patients in typhoid fever. That the patients had died rapidly in a species of sub-delirium.

At a period when our illustrious Broussais was the leading man in our medical schools, M. Andral says, “ I had innumerable opportunities of attending many students attacked with the typhoid fever. These young men, acquainted with the prevailing doctrines, insisted on being bled copiously before I saw them. I bled them again, according to their constitution, and prescribed leeches, whenever there was effusion. I once ordered 200 leeches for a young man ; most of these unhappy patients sunk and died ! It is not, therefore, surprising that I should have conceived so great an aversion for bleeding in typhoid fever.

Yes, gentlemen, I can conscientiously assert, that I have seen the most distressing results ensue from the treatment of copious bleeding, not only in the typhoid fever, but in other diseases.

In erysipelas, for instance, I have seen, under the influence of bleeding, the skin become white, but phlogosis still exist in the

subcutaneous cellular tissue; the patients gradually sink and die. On the post mortem examination, no effusion or inflammation in the encephalus. I have observed the same phenomena in several cases of pneumonia. I do not mean to say, that bleeding should be totally avoided, in erysipelas, and pneumonia; but *est modus in rebus.*"

In this interesting discussion, which our limits will not permit us to give fully, M. M. Louis, Bricheteau, Bousquet, Bouillaud, spoke in turns. M. Louis merely talked of the excellency of medical statistics. The audience was greatly disappointed. M. Bousquet related two cases, not generally known, that of Pringle and Dehaen, quoted by Stoll.

In 1757, Pringle had an opportunity of seeing an hospital fever, and after various experiments, more or less fortunate, it occurred to him to change the medicament, he mixed serpentaria of virginia with quinine, and only lost four patients in thirty-nine.

But these fortunate results were not of long duration; in a few months the mortality was doubled. In 1774 and 1775, Stoll was appointed to the hospital of the *Santa Trinité*, and found the register kept by his predecessor during fourteen years. This register indicated each year the general mortality, and the mortality of the malignant fever during twelve years.

In 1769 the hospital of the Trinity lost in malignant fever, 1 in $3\frac{5}{11}$. In 1772, 1 in $11\frac{2}{11}$. The medium is 1 in $7\frac{1}{10}$.

M. Bousquet concluded from these researches that too much importance should not be given to such minute calculations, apparently which should not prevent the practitioner studying the patient he is in the habit of treating.

LONDON.—In the Royal Medical and Chirurgical Society, a paper was read on the division of the tendo-achillis for the relief of some deformities of the foot; the author relates two cases of individuals who were affected with deformity of the feet, on whom he had practised the operation, with entire relief. The *first* patient is a boy who came under the care of the author in the last year, being then about eight years of age. He was born healthy and perfect in every respect; but as soon as he was put on his feet, he was observed to pitch invariably upon the points of his toes. The undue extension of the feet gradually increased in spite of various instrumental means of relief, which were, for several years, under the superintendence of a gentleman celebrated for the management of deformities, and the advice and assistance of many medical men of eminence. When the author first saw him, he was incapable of locomotion without the aid of crutches, and even with this assistance, he could only throw the lower extremities simultaneously forward during the artificial sustentation of the body. It appearing to the author that the deformity was neither attributable to spinal irritation nor to any alteration in the form of the individual bones, but solely to deficient length in the muscles, or their tendons, he resolved to

divide the tendons of the gastrocnemii to obviate this condition. The operation was performed by passing a narrow, curved bistoury downwards and outwards across the tendon, about two inches above the os calcis, and dividing it in the withdrawal of the bistoury. The external wound healed by the following day; in three weeks, a firm band of connection was formed between the cut ends of the tendon; and in rather more than five weeks, the patient could stand alone. At the time the author wrote (six months after the operation,) the patient could walk three miles without assistance. Casts of the feet were exhibited, illustrative of the former and present positions of the feet. The *second* case was one of the more common form of club-feet, in which the sole is turned towards the opposite ankle. In this case, the operation was performed in the manner before described, and was attended with as great success. The tension of the tendons of the tibialis anticus and tibialis posticus generally co-existing with the same condition in the gastrocnemius, the author thinks would, in all instances, soon yield after the division of the tendo achillis.

Dr. LITTLE said that he had suffered from the same kind of deformity as was exemplified in the second case related by Mr. Whipple, that the retraction of the foot was equally great. He wore instruments with little advantage to the age of twenty-one. Dr. Stromyer, of Hanover, at that period divided the tendo achillis for him, and he was now able to walk a dozen miles with very little inconvenience, though previously he could not move the distance of a dozen yards without great pain. Dr. Stromyer did not proceed precisely on the plan followed by Mr. Whipple. He (Dr. S.) allowed the divided tendon to unite again before he applied extension. He then gradually extended the lymph thrown out between the divided edges. This proceeding prevented, in a great measure, the chance of inflammation coming on. The difficulty of extension, in these cases of club-foot, arose generally from contraction of the ligaments. Mr. Whipple's cases were not so bad as those we constantly see in the streets. In those cases, frequently, the foot would not allow of extension from this contraction, even though the tendon achillis was divided.

Mr. SHAW exhibited some specimens of club-foot from the dissecting-room. In these cases the different tendons were preserved, and each of the bones retained its natural shape. All the displacement was owing to a change in the relation of the ligaments and muscles to these bones. Even in the worst cases he thought to attain a good result by proper means. In congenital club-foot, he had examined the different bones, and found all of them retained their natural shapes. Some question might arise as to the propriety of dividing tendons in the sole or dorsum of the foot, when they were implicated in the deformity; these tendons might be removed from their sheaths, and the parts take on a bad action. He was inclined in such cases to trust more to the effects of friction of the different

joints for restoring the ligaments and bones to the natural position, and by this means bring the tendons to their natural position.

This paper was so much the more interesting, as general attention had been lately attracted in the French academy of medicine, to this subject, by a paper read by M. Bouvier, in support of his opinion; he brought forward experiments made on dogs, and an operation on a man forty-six years old. He proved, beyond doubt, that the two parts of the tendo were perfectly re-established by the formation of a new tissue.

M. Bouvier called the attention of the academy to the section of the tendo-achillis, by Delpech, to whom is due the honour of having renewed this operation first made by Thelenius, and we ought to recal it, and state that this operation was performed by Delpech in 1816, while the same operation was performed later by M. Stromyer.

In the London Medical Society, Dr. J. Johnson, in making observations on the various means recommended to lessen the irritation of the stomach, said that in his practice he had found nitrate of silver to be one of the most powerful means of reconciling the stomach to the pressure of food. He felt quite convinced it was as safe as any other medicine, and not liable to produce bad effects; its *modus operandi*, he did not pretend to know; he had given it in considerable quantity, but it was not necessary. He generally began with half a grain, given in the course of a day, in three doses, and increased it if necessary, to a grain and a half in the same period; he seldom, in disease of the stomach exceeded this dose; in epilepsy however, he had given as much as three, six, or even eight grains in the course of twenty-four hours.

In a sub-inflamed state of the mucous membrane about the fauces, in which there was thickening of the membrane, elongation of the uvula, with harrassing cough, and other symptoms; these were all removed by the application of nitrate of silver. The late M. Vance dipped the sponge of a probe into a solution of nitrate of silver, and pushed it down the pharinx until it reached the upper part of the æsophagus; in this way his success was remarkable.

In the Westminster Society, M. Hasting related a case of diabetes mellitus, he cured by the use of strychnia; the use of strychnia in some diseases of the bladder must be recommended. Our readers will find in this number, a paper on the incontinence of urine, which represents strychnia as one of the best means to cure this troublesome affection. A case of diabetes mellitus was reported in the Medical Chirurgical Society, but gave no satisfactory conclusion as to the treatment. Creosote blisters, opium, gentian, were employed; in a year and a half, the patient was only *considered better*; it is impossible to derive real benefit from facts so inconclusive.

In a conversation on hysteria, Dr. Williams stated that he had

witnessed the good effects of cold effusions in hysterical paroxysms ; he had seen two or three buckets of cold water relieve a patient who was in a semi-cataleptic state, and the fear of its repetition prevented a second paroxysm. We could report cases in which fear of the stick had prevented fits, but we are inclined to think that in those instances there was not real hysteria.

SELECTIONS FROM ENGLISH JOURNALS.

Ergot of Rye, in the secondary hæmorrhage of Labour.

By CHRIST. BRADLEY, M.R.C.L.S., &c.

On the morning of the 27th of March last, at half-past five o'clock, I was called to attend Mrs. B., who was in labour with her third child. The pains commenced at about three o'clock on the same morning, but were not strong. On examination, I found the os uteri fully dilated, the membranes protruding, and the head presenting. I immediately ruptured the membranes. The pains increased in strength and frequency, and in half an hour after my arrival the child was born. Previous to the birth of the child, Mrs. B. told me that she had flooded a little after the birth of her other children. The enlargement of the abdomen being considerably greater in this than in her former pregnancies, I had the more reason to apprehend flooding after this also. I placed the hand of the nurse upon the abdomen of the mother, over the fundus of the uterus, and desired her to make a firm pressure there at the moment the child was born, which was carefully attended to. At the moment the child was born there issued a large gush of blood. The nurse kept up the pressure, the womb contracted, the hæmorrhage ceased, and, in about five minutes afterwards, the placenta, along with several large clots of blood, was expelled by the efforts of the uterus alone. The nurse removed her hand, and I applied a compress and bandage over the uterine region, and left the mother to attend to the child. On returning to the bedside, I found my patient blanched and sickly; the pulse scarcely perceptible; the eyes semiclosed and glassy; frequent sighing. I immediately examined the cloth which had been applied; it was very little soiled with discharge, and there was none escaping into the bed. I then placed my hand upon the abdomen, and found that the uterus was two-thirds the size that it had been before delivery. The cause of the blanched state, &c., of my patient was now clearly manifest, and that there was not a moment of time to be lost; I therefore immediately passed my hand into the uterus, and found the vagina and cervix uteri full of clots, but the blood within the uterus was principally fluid. I pressed my knuckles gently against the sides and fundus of the uterus, the nurse resuming the pressure from without, as before. The womb began to contract, and expelled my hand together with some clots of blood. My patient now fainted very completely; but by keeping the head low, admitting cold air into the room, giving a little aromatic spirit of ammonia, and applying volatile salts to the nose, she rallied, and the hæmorrhage abated for a short time. In about ten minutes the uterus began to rise again, and felt soft and flabby; and

when the nurse pressed upon the uterus, the blood flowed freely out of the vagina again. I applied cold vinegar and water cloths to the region of the uterus. My patient fainted, and I expected that every moment would terminate her earthly existence; however, by the use of the means before-mentioned, she again rallied. The blood continued to flow, but in a mitigated degree. I then desired the nurse to remove her hand, and allow me to place mine there, for the purpose of rubbing my fingers frequently over the uterus, but it appeared to be all of no avail. The nurse re-applied her hand, as before, whilst I prepared, as quickly as possible, a decoction of the ergot of rye. I gave her half a drachm of the ergot, boiled, during ten minutes, in six ounces of water. This brought on contraction of the uterus. In about eight minutes after it was taken, several clots were expelled, and the uterus gradually became firmer, and settled lower and lower, until I could only just perceive the fundus over the pubis. The hæmorrhage ceased just in time to prevent the fatal catastrophe which must otherwise inevitably have taken place in a few minutes. I then tightened the bandage, and applied the compress, and the patient has since done well.

In those cases in which we expect secondary hæmorrhage, might we not, by giving the *secale cornutum* immediately before the birth of the child, prevent it altogether?—*Lancet*.

Cold Sponging in "FITS." By C. J. B. ALDIS, M.A.B.M.

THERE are no cases which require more careful attention on the part of the medical practitioner than the treatment of various kinds of fits. The following observations apply more particularly to those of an epileptic character, and to the condition of the patient immediately following the convulsive paroxysm, and previous to the usual somnolence succeeding epilepsy.

The diagnosis of epilepsy is very easy; but symptoms often occur subsequent to the convulsive action, which are liable to confuse the practitioner. The pulse is an uncertain sign, for I have found it beating sometimes slowly and strongly, at other times so rapidly, that it was impossible to count it. If a person is seized with a fit, a medical man is sent for; and if he finds the patient comatose, with a full pulse, bleeding is very commonly performed, and it appears to me much oftener than is necessary, or conducive to the general health of the patient.

I was sent for to see a gentleman at Limmer's Hotel, in August last, who suffered from the symptoms above described. I could not rouse him, and he had bleeding at the nose, which I attributed to his having fallen, as he had also a contusion on the face. His servant told me that he found his master lying on the floor, and that he had been subject to epileptic fits for some years. Some of his friends also told me the same thing. Trusting to this statement, and the case being chronic epilepsy, I merely sponged the temples freely with cold water, took care that there was nothing tight about him, and he was placed in the horizontal posture. Although I could not rouse him by common means, the application of cold water to the head was effectual, for he almost immediately got up and dressed himself.

Having known patients bled in the same state, where there was evidence of its following epilepsy, I was determined to try how far the free applica-

"death would be preferable to life." I then tried the galvanic battery of 40 single plates, which I had constructed after the manner of Dr. Wollaston, described in the second case. Shocks were passed from the back part of the head, both sides of the face, down the neck, in the direction of every principal nerve, but more generally from the region of the parotid gland to the exit of the inferior maxillary nerve near the chin. The shocks from this battery were very severe—so powerful, indeed, that few could have borne them. Where the shilling which communicated with the wire touched the skin, it caused excoriation of the cuticle, till at last the pain of the shocks exceeded in severity the pain of tic douloureux, especially over the region of the parotid gland. During this process, he took carbonate of soda twice a day, in two-drachm doses.

September 12th, 1836, he felt better than ever he had done; since which time he has remained well, being enabled to wash his face with cold water, which he has not done before for the last three years.

The above cases are examples of the theory that the action of the nerve is necessary to determine the action of the muscle, and that loss or impaired action of either nerve or muscle, is generally productive of painful nervous sensations. Irritability is bestowed upon all muscular parts, but in different degrees. The nerves exert their influence on the muscles, as remote and exciting causes of their action, but by no means as the proximate cause, which is the inherent irritability of the muscle. In Dr. W. Philip's paper, published in the *GAZETTE* for the 18th of March, referring to muscular action, he observes—"The healthy action of which is not a state of uniform contraction, but of a constant and generally rapid succession of contractions and relaxations; and, again, the permanent contraction is always a state of disease. It is followed, unless of very temporary duration, by a sensible exhaustion of excitability." And from the experiments of the same writer, the accuracy of Haller's opinion is demonstrated,—that the power of the muscular fibre is not derived from the nervous system, but resides in the fibre itself. The second and third cases confirm the assertion of Aldini, the nephew of Galvani, that a proper animal electricity is inherent in the body, which does not require the assistance of any external agent for its development; and from the experiments of many authors (Sir B. Brodie, Dr. Philip, &c.) it appears that the galvanic energy is capable of supplying the place of nervous influence.

In the first and second cases the muscles were extended by their antagonists, consequently those organs were left in a passive state, being momentarily deserted by their contractility; or rather, they possessed it in a less active state.

In Bichat's work on general anatomy, where it relates to sympathies in muscular structures, he observes, "I am conscious there are very acute pains unattended with sympathetic convulsive motions; but convulsive motions of this nature are seldom observed without the organ which is the source of sympathy being considerably affected, and the focus of animal sensibility."

In conclusion I would revert to the fact, that few changes take place in the fibrous structure of the muscles, considering how variously they are affected—none, I believe, except density, cohesion, and hue. The muscular system, very rarely suppurates, inflammation generally terminating by resolution.—*Medical Gazette*.

Remarks on the Physiological and Therapeutical effects of Colchicum.
By ROBERT LEWINS, M. D.

NOTWITHSTANDING the strong recommendation of Baron Stoeck of Vienna, and the observations of Magendie, of the late Mr. Haden and others, a great proportion of the medical profession in Great Britain, and I believe on the continent, are ignorant of the medicinal virtue of colchicum, or at least underrate its efficacy, whilst many decry it as a drug of doubtful and dangerous character.

Two circumstances appear to me to have retarded the introduction of this agent into general use. It is one possessed of very active properties, and requires not only caution in its administration, but unwearied industry in watching its effects. He who prescribes colchicum must not merely order a certain quantity to be taken, and then leave his patient to his fate. The effect of every dose should be watched, and it must be increased or diminished, so as to secure the full effect of the medicine without the injurious consequence of an over dose.

There is another cause which has contributed to increase the prejudice against colchicum. It is generally allowed that the active principle of the French nostrum, the *eau medicinale d'Husson*, so celebrated some years ago for the cure of gout, is the same on which the medicinal virtue of colchicum depends, and the former medicine has been, I think, improperly banished from British practice, as one dangerous and often fatal to those for whom it is prescribed.

A knowledge and recollection of the extraordinary physiological and therapeutical properties of the *eau medicinale*, and a belief that it and the colchicum owe their medicinal virtue to the same vegetable principle, induced me to think favourably of the latter medicine, and to investigate its effects; an investigation, which, step by step, led to the conclusion which I am desirous of communicating to my professional brethren.

Various preparations of *colchicum autumnale*, or of plants which the researches of modern chemists have proved to contain the same vegetable principle (veratria) have been recommended by physicians in all ages. Pliny appears to have been acquainted with the anti-arthritic virtues of hellebore,—and he enumerates epilepsy, hydrophobia, insanity, and the lousy disease, amongst the maladies which that medicine is capable of curing. Hippocrates has left us to the use and action of hellebore the following aphoristic rules; which it behoves us to keep in mind, and to consider whether or not they are applicable to modern medical practice, when veratria in any shape is administered.

“ Ubi biberit quis elleborum, ad motiones quidem corporum magis ducit: ad somnos verò, et quietem, minus. Declarat autem etiam navigatio, quod motus turbat corpora. Quando vis magis ducere elleborum, moveto corpus: quando vero cessare, somnum facito et non moveto. Elleborus periculosus est sanas carnes habentibus: convulsionem enim inducit. Convulsio ab elleboro, lethale.”

From what I have observed, I would conclude that there is most risk of danger from the violent action of any plant containing veratrine, in debilitated constitutions, particularly in individuals whose digestive organs are weakened by intemperance. When it really does mischief, it is not by occasioning convulsions, but by giving rise to inflammation in the bowels, or producing diarrhœa, or in fact cholera. Hippocrates here appears to use the word convulsion in a different sense from us.

Veratria was the active medical agent in a favourite anti-arthritic remedy of Paracelsus; and it formed the active ingredient in most or all of the prescriptions of the regular practitioners, and empirics of the last century, famous for the cure of gout, as will be seen by the following quotation from Quincy's Dispensatory, published in 1749.

“ Radices, roots of,

“ Hermodactyli, Hermodactyls, Casp. Bauhine calls this *colchicum radice siccata alba*, which is the meadow saffron; but many dispute whether it be of this kind or not; some taking it to be a species of the *Dens caninus*, others of the *Iris tuberosa*, amongst whom is Mathiolus; and others of the *cyclamen*. However this stands so much in the esteem of some writers, as to be dignified with the name of Anima Articulorum, the soul of the joints; because they believed it to be very efficacious in scouring the mucilaginous glands, and preserving them from such gritty matter as occasions the gout and arthritic complaints. This is of that kind of cathartics which exert not themselves but in the smallest passages; and therefore are slow in their operation, although of great consequence in their effects. The Augustan Dispensatory has a compound pill that takes its name from it, and it is a principal ingredient in the *pulvis arthriticus Turneri*, as likewise in some recipes of the *extractum radicum*, and other officinal compositions of the like intentions.”

I have advantageously prescribed colchicum in its mildest form, that of an acetate, for upwards of nine years past, particularly in diseases of the heart, the result of which in such cases, I shall communicate upon a future occasion. At present I wish to speak of the effect of its more active preparations in acute diseases.

Observing the power which colchicum possessed of diminishing irritability in internal organs, and keeping in mind the wonderful effects of the *eau medicinale* in gout, it occurred to me that colchicum might be advantageously used in all or in many inflammatory diseases,—in fact, in all diseases where excessive excitement, whether of the nervous or sanguiferous system prevailed,*—an idea which I subsequently found had been to a certain extent entertained by Mr. Haden, Mr. Want and others. A great proportion of the medical profession, nevertheless, have never even used this article of the Materia Medica in any disease; and many of those to whom

* Colchicum will also be found to be a powerful anthelmintic. I have given it with benefit in jaundice, and would strenuously recommend a trial of this medicine in croup, prescribed in such a manner as speedily to bring the system under its powerful influence. In all inflammatory affections of the chest, and perhaps of the brain, or its investing membranes, I am convinced bleeding may frequently be, to a certain extent superseded by the use of colchicum. In many diseases of the heart and large arteries, it is a most valuable medicine, as I shall endeavour to prove in a subsequent communication.

we are with propriety accustomed to look with respect in medical matters, are still not only ignorant of its properties, but of the quantities which can be given with safety or advantage. Of this we have an extraordinary proof in the London and Dublin Pharmacopœias, where, in speaking of the dose of the wine of the roots, and the tincture of the seeds, the former directs from one to two drachms, and the latter half an ounce, to be given for a dose. It is almost superfluous to remark that the latter dose, if it did not prove speedily fatal, would produce the most deleterious effects by its irritation on the intestinal mucous membrane, and the consequent prostration of the nervous system, in nineteen persons out of twenty, who may be so unfortunate as to have their medical attendants guided in this respect by the Dublin Pharmacopœia.

It may appear strange, but it is not less true, that in the present state of medical science, the profession as a body should be ignorant even of the proper dose of a medicine which, in one form or other, has been used in all ages. This circumstance, no doubt, arises, as far as the wine of the Root is concerned, from its being prepared from the root taken out of the ground at an improper season; hence we may have a drug possessed of most active properties, or it may be, almost totally inert. Fluid preparations of Meadow Saffron should always be made from the seeds of the plant, which will secure a preparation of uniform strength and activity. To the vinous tincture of the seeds of colchicum alone are my present observations applicable.—*Edinburgh Medical and Surgical Journal*.

The efficacy of Lobelia Inflata in Inflammations and Congestions of the Mucous Lining of the Bronchial Tubes. By SAMUEL A. CARRIOWRIGHT. M. D.

To HENRY JAMES JOHNSON, Esq. Lecturer of Anatomy, in the School of Kinnerton Street.

DEAR SIR,

I perceive from the Journals that a disease, called Epidemic Catarrh, or Influenza, is very fatal in London—that it is attended with inflammation of the mucous membrane of the bronchial tubes—bears depletion badly—and that the old and infirm are the greatest sufferers. The experience and observation of a number of years devoted to the practice of medicine, have led me to two important conclusions in regard to the principal diseases of the chest.

1st. That when the serous membranes of the chest are affected, tartar emetic and the lancet are worth all other remedies put together, and those cases which will not bear the lancet, will bear tartar emetic in considerable doses.

2nd. That in those diseases affecting the mucous lining of the bronchial tubes, the lobelia inflata comes as near being a specific as tartar emetic, and the lancet in pneumonia and pleurisy. As a remedy for asthma you are of course acquainted with the virtues of the lobelia inflata. The observation, that it holds a controlling power over inflammations of the

tion of cold water to the head might be useful in rendering persons sensible under similar circumstances, as I expected to have frequent opportunities for the practical employment of this simple remedy; and I was happy to find cases, after repeated application, in one of which there was violent stertorous breathing, how quickly the sensibility of the patient returned. I was unable to rouse my patients by other means immediately after the paroxysm; of course, in a short time they fell asleep.

I therefore conclude, that freely sponging the head with cold water may sometimes be found useful, when we are sent for to patients labouring under the effects of fits (there being no history of the case,) in guiding us when to employ, or when to neglect, the lancet, the improper employment of which may decide the fate of the patient.—*Medical Gazette*.

Operation of LARYNGOTOMY. By Mr. HAWKINS.

On Sunday the 12th, the operation of laryngotomy was performed in a patient of Dr. Wilson's, an unhealthy man, with inflammation of the larynx, probably erysipelalous, as he had erysipelas of the eye at the time, and has since had erysipelas of the ear. This patient had a threatening of suffocation a few days previously, from which he was roused by stimulants, but on this day the apothecary, Mr. Hammerton, found him nearly dying, with extreme difficulty of breathing, blue countenance, cold extremities, and failure of pulse at the wrist; and probably he could not have remained alive in this state many minutes. The house surgeon, Mr. Ridout, immediately made a small opening between the thyroid and cricoid cartilages, and inserted a tube into the larynx, by which means the patient's respiration was soon performed better, and he recovered from the imminent danger in which he had been placed. Mr. Hawkins, who was sent for, enlarged the wound a little, and withdrew the tube, which excited irritation in the glottis, and attempted to keep the wound open by a piece of whalebone. This also was coughed up some time afterwards, and he breathed with greater facility without any thing in the wound. He has since recovered from the attack, and breathed naturally in a day or two, so that the opening was allowed to close.—*Medical Gazette*.

*Removal of a Portion of Lung, which protruded through a Wound, &c.**

By W. FORDE, Esq. 72nd Highlanders.

A. FINGO, of athletic make and in good health, aged about thirty-five years, in an engagement with the Caffers, at the Tabendoda mountain, on the 28th of June, was transfixed by an azigai through the right side; the weapon entering opposite to the eleventh rib, three inches from the spine, and the same distance from the crest of the ilium; and making its exit in the right hypochondrium, midway between the umbilicus and the cartilage of the ninth rib, the opening being three inches distant from each; and the

* From the Medico Chirurgical Transactions.

whole course of the wound, supposing it to be in a direct line, six inches in length.

The man immediately withdrew the shaft of the azigai through the anterior opening, and with it dragged forth a considerable portion of his lung. He was soon afterwards picked up by some waggons which happened to pass, and a greased rag having been applied to the part, he was conveyed to the camp early on the following day. When brought to me, his respiration was slightly oppressed and impeded, he inclined to the right side, but did not complain of pain. The piece of lung protruded was about five inches in length, and of considerable thickness, and the opening through which it had escaped, being merely an incision three-fourths of an inch in length, reduction of the part was impracticable without considerable dilatation being practised, a measure which, from the situation and nature of the wound, I deemed extremely hazardous, if not impossible. But the attempt to return the lung into its natural situation was unadvisable, its texture and serous covering having been much lacerated by the man's own endeavours to tear it away; I therefore determined on its removal, for which purpose I applied a ligature tightly round it, close to the integuments, and bringing the edges of the wound together by means of a strip of adhesive plaster, left the protruded lung undivided, until the process of adhesion should take place, and prevent one of two evils, which might have occurred had it been cut off immediately it was tied—namely, either that by the motions of the thorax and expansion of the lungs, the constricted part might have been drawn into the pleural cavity, conveying with it the ligature; or that the latter slipping off, and the lung receding, hæmorrhage into the sac have been the consequence.

On the third day, the desired adhesion being perfect, and the separation nearly effected by the ligature, the piece of lung was cut off with scissors, and both openings dressed with adhesive straps. From this moment there was not one untoward symptom, and the only medical treatment necessary consisted in giving one dose of Epsom salts: for a few days there was a healthy discharge from the opening in the back, which gradually ceased, and the wound granulated; at the expiration of a fortnight the whole had healed, the man had quite recovered, and he can now run, throw his azigai, and perform any other active feat, as well as any of his most agile companions.

Reflecting on the situation of the openings caused by the entrance and exit of the weapon, and the apparently direct course in which it had passed, it might appear impossible that protrusion of a portion of lung, or a wound in any part of the thoracic parietes, could have occurred; and one would reasonably suppose a wound of the liver, ascending colon, or omentum, as more likely to be the consequence. I confess I am at a loss to account for the protrusion of a piece of lung (and lung it most decidedly was, having been carefully examined by assistant-surgeon Bickersteth and myself, and its texture and appearance could not easily be mistaken) in the centre of the right hypochondriac region, as connected with the apparent course of the wound, unless it be assumed that at the moment it was inflicted, the man had been in some extraordinary crouching position.

Of necessity the diaphragm, with its pleural and peritoneal coverings, must have been perforated, and yet the man recovered without a single symptom of pleuritic, peritoneal, or pulmonic inflammation.—*Med. Gaz.*

On Paralytic and Painful Nervous Affections.—By JOHN GRANTHAM, Esq. Crayford.

IN prefacing those cases which relate to block-printers, it may be well to state briefly the nature of their employment. It consists in a man standing between a table spread with cloth and a tub of colour, with a woollen sieve floating on its surface, placed about the height of the table. The man, with his right hand, grasps the upper part of a square block of wood with the thumb and middle finger, by means of two holes, made four inches apart. The under surface of the block has the figure of a pattern on it. These blocks sometimes exceed fourteen inches square. The man has to dip the block into the sieve, in such a manner that the surface be equally charged with the colouring matter. Resting on his right leg he leans towards the table, and after placing the block on the cloth, the colour is conveyed into it by means of two or three knocks with a heavy mallet held in the left hand. From the foregoing statement, it will appear that the muscles of the left arm, hand, and leg, are more constantly put into the action of extension and contraction than the right arm and leg.

CASE I.—Partial loss of power in right Hand and Fore-arm, cured chiefly by exercise.

ROBERT W——, block-printer, aged 39 years, of middle stature, sanguineous temperament, complained of inability to dip the block into the sieve. When brought within two inches of the sieve it fell from his hand. On examining the right radial pulse I found it slower than the left; the animal heat was also less on that side. Depression of spirits; tongue coated with a white fur; torpor of the bowels; urine scanty and high coloured, rather offensive. He was relieved by alkaline and aromatic aperients, and the use of the warm bath. This attack occurred in April 1835. On the 15th of July, 1836, he again complained of the same inability in the right hand and arm, with similar functional derangement. In both instances he had been working over-time in the day, thereby causing fatigue. On this occasion he complained of a dull pain along the distribution of the median nerve. The treatment was the same as before, with this addition, that he was directed to swing with the right hand a weight of several pounds, and to take much walking exercise. After a continuance of this plan for five weeks, he was completely restored, and resumed his employment, feeling stronger in the arm than after the first attack.

CASE II.—Partial Paralysis of right Forearm cured by Exercise and Galvanism.

April 1836.—William C——, block-printer, aged 52 years, fair complexion, middle stature, nervous temperament, complained of acute pain in the course of the median nerve, with loss of power in the pronation of the hand and extension of the arm, also an inability to dip the block into the sieve. As regarded the digestive functions, there was very little derangement, only slight acidity of the stomach, and tendency to relaxation of the bowels. In this case I tried the effect of aperients, stimulating

embrocations, warm baths, rest, change of scene, &c, but without any beneficial results; he was still unable to follow his employment. As in Case I., there was irregular action in the arteries of the arms, with loss of organic sensibility in the right arm. Finding the above measures ineffective, I determined on applying the galvanic influence to the right arm, and on exciting general action of the muscles of the arm. This plan I commenced early in July, with a battery of forty single plates, three inches square, each pair connected at the upper part with copper wire, resembling Dr. Wollaston's battery,—the *Couronnes des Tasses* arrangement. The shocks were passed in various directions from the acromion to the carpus every morning; a flannel roller was then applied from the wrist to the shoulder, and during the day he was ordered frequently to swing a six or seven-pound weight in the right hand. This treatment was continued five or six weeks, when the hand and arm were restored to their former usefulness. During the action of the galvanism, the animal heat and sensibility increased daily, until he could hardly bear the shocks,—a result which I consider to be the effect of restored power in the nerve. It may be just to observe, that these affections in printers have been deemed incurable.

CASE III.—*Obstinate Tic Douloureux, cured by Galvanism.*

JAMES FINCH, aged 47 years, by trade a tailor, middle stature, dark complexion, spare habit, not given to any excess, a married man, with a family, was, in the summer of 1829, attacked with symptoms of tic douloureux, the right facial nerve being the one affected, attended with involuntary contraction of the temporal, pterygoid, buccinator, and levator anguli oris, muscles. These paroxysms returned at intervals with increasing severity, sometimes lasting fourteen days without intermission.

In the spring of 1835, after having removed every decayed tooth on the right side, I put him under a course of mercury, which salivated him freely. This appeared to be attended with great benefit, and he enjoyed an interval of three months' absence from pain. It again returned, however, and I then gave him arsenical drops until a garlic taste was felt in the throat, but without any benefit. We next tried a vegetable diet, which he considered of service to him, after which he took iodine and then drastic aperients (croton oil,) which, however, were ineffective. The carbonate of iron, in large doses, was next administered, which relieved him for nearly three months. The paroxysms of pain returned again with the most horrid severity. On examining the remaining teeth, I observed that the second molar had a slight discoloration near the neck, but without pain: it was removed, and the paroxysms of pain gradually subsided the second day afterwards. Once more he remained well for thirteen or fourteen weeks, when another attack came on. I then gave him the carbonate of iron, at the same time applying galvanism to the head, face, and neck, by means of a battery of 24 pair of plates, six inches square, put together after the manner of Cruikshanks. This plan I adopted for two months, and again he appeared to be cured. Nevertheless the pain returned, with, if possible, greater violence than ever. I next proposed his walking from fifteen to twenty miles daily. This plan used to relieve him during the exercise, but immediately after he sat down slight pains came on. In the beginning of July 1836, he suffered to such an extent that (to use his own expression)

classed under the names of puerperal peritonitis, and puerperal fever, are essentially founded in an inflammatory condition of these veins, and I shall take every opportunity of bringing the subject under your consideration."—*Lancet*.

Operation for Cataract by Reclination, by Professor Rust.

WHEN Professor Rust, now President of the Royal College of Surgeons at Berlin, was a student at the University of Krakau, he became acquainted with an empiric, who was celebrated for his success in operating for cataract, although totally unacquainted with the anatomy of the eye, or the general principles of surgery. This man operated with a *round* needle, mounted on a clumsy, metallic handle; yet seldom his cases presented those secondary accidents of inflammation, &c., under which the operations of more skilful surgeons so often fail. His acquaintance with the young student gave him an opportunity of acquiring the anatomical knowledge in which he was deficient, and after a retirement of some months he sallied forth on another campaign, proud in his increased knowledge, and armed with fine, double-edged needles of the most approved construction. But the quack's good fortune had forsaken him; his operations were now followed by a multitude of accidents which he had never before witnessed, and several of his patients lost their eyes from inflammation and suppuration. Under these untoward circumstances, he prudently determined to abandon the path of science, lay aside his doubled-edged instruments, and resume his old, clumsy, blunt, needle. His operations were then as successful as they had been in the first instance. The reflective mind of young Rust was excited by this remarkable coincidence, and he soon discovered that the whole secret depended on the man's employing a *round* needle, which never produces the same degree of irritation as the cutting needles employed by most surgeons. Further experience confirmed the Truth of this fact, and led Dr. Rust to propose the following method of operating, which he has since practised with so much success himself.

Method.—The instrument used by Professor Rust is a fine, round needle, flattened a little at the point only, for the purpose of penetrating the tunics of the eye, but not broader here, or double-edged; half the blade, next the handle, is gilt, or otherwise stained, that the operator may be able to judge more accurately how far the needle penetrates into the eye. The patient's head being properly placed, and fixed by an assistant, the operator depresses the under eyelid, and having placed his needle a little in front of, and parallel to, the cornea, with the point corresponding with the centre of the cataract, he thus estimates how much of the blade must penetrate the eye before the point can reach the centre of the lens. Having well calculated this, he passes the point of his needle into the conjunctiva (in a direction which would traverse the optic nerve if continued,) about one line behind the edge of the cornea, and from half to a whole line below the transverse diameter of the eye, and sinks it into the eye until it has reached the depth calculated on after the first manœuvre. The handle of the instrument is now directed backwards, which brings the point forwards, and makes it penetrate to the depth of half a line; the posterior surface of the capsule, and the middle of the lens, is at the back part. Having thus penetrated the lens, it remains to recline it, which Professor Rust executes by simply

turning the handle of the needle, and bringing it a little back; in this way the anterior surface of the lens is directed outwards and downwards; its posterior surface inwards and upwards; its upper edge forwards, and its under one backwards. The operator now endeavours to push the depressed and reclined lens backwards and outwards, by bringing the handle of the needle forwards and a little inwards towards the nose; this done, he withdraws the instrument in the direction it has now assumed. Unless the latter precaution be taken, we run the risk of bringing the lens again forwards; to prevent which, when the operation is finished, Prof. Rust sometimes dashes cold water suddenly against the patient's face, while he himself holds the needle fixed in the direction judged most convenient; the patient suddenly draws back his head, and in this manner withdraws the lens from the point of the needle.

The operation now described has the advantage of being extremely simple, and is seldom followed by any secondary accidents; the ciliary processes are uninjured, and as the capsule is opened, the chance of the lens being absorbed is much increased.

The operation of Dr. Rust is liable to two objections; First, that the operator cannot see what he does when once the point of the instrument is introduced. However, this is of less consequence, since the depth to which the needle penetrates can be estimated with so much accuracy. Secondly, that simple reclination of the diseased lens is never sufficient to produce absorption of that body, which must be moved to and fro in the vitreous humour. In the uniform success which attends Prof. Rust's method of operating, is to be found the best answer to this latter objection.—*Lancet*.

Treatment of some Forms of acute Ophthalmia, by the Application of successive Blisters upon the Cutaneous Surface of the Eyelids. By A. VELPEAU.

THE sudden disappearance, on the occurrence of erysipelas of the face, of some forms of ophthalmia, which had long resisted the usual means of treatment, first led M. Velpeau to the use of blisters in ophthalmia, applied as near as possible to the inflamed part, and therefore upon the eyelids. The advantages resulting from their use, were found to be very considerable, and to be most evident, in those cases where the inflamed vessels were not the same as those the action of which was increased by the use of the blisters; thus, e. g. inflammation of the cornea, the vessels of which are derived from the ciliary branches of the ophthalmic artery, is more benefited by blisters than inflammation of the internal surface of the eyelids, which are supplied by the palpebral branches, and which are directly acted upon by the new cause of irritation. M. Velpeau, therefore, thinks the blisters applied upon the eyelids will be of the most service in those cases where the inflammation is nourished by the muscular branches of the ophthalmic artery, the ciliary and central of the retina. M. Velpeau has now employed blisters in these cases more than fifty times. In no case have they increased the evil which they were intended to remedy, they have not increased the pain, they leave no indelible marks upon the face, and the only evil effect which has been observed to follow them, is an occasional sty.

The immediate advantages following blisters in such cases, are : diminution of headach, if it previously existed ; diminution of lachrymation and intolerance of light, of redness and thickness of the ocular conjunctiva ; cleansing of ulcers ; lessening of the cloudiness and suffusion of the cornea and aqueous tumour, of effusions of pus or lymph, or at least a discontinuance of their formation, together with improvement in the general state of the patient.

But in many cases, there is a class of secondary effects which do not clearly manifest themselves before the blistered surface begins to heal. Of these, the most remarkable is the diminution of the cloudiness of the transparent parts of the eye. If lymph be deposited at the bottom of an ulcer ; in the substance of the cornea ; under the form of hypopium ; in layers or masses, it is equally under the power of the blister, disappears as it were by enchantment ; so that the clarification of the cornea and aqueous tumour appears to be the special object of the blister. Another effect, almost as constant but not so rapid as the preceding is the extinction of inflammation in the conjunctiva, then in the cornea. If there is chemosis, this gradually diminishes. Should ulcers be formed in the cornea, when the inflammation is calmed, there will require other remedies to hasten their cicatrization. Blisters applied in front of the orbit are not beneficial in all forms of ophthalmia. They are of especial advantage in favouring the absorption of matters which tend to obscure the clearness of the transparent media of the eye ; and their use is indicated in acute inflammations, foreign to the eyelids ; in inflammations of the various tunics of the eye, and of the parts contained within the orbits. In ophthalmies which are seated in the fibro-serous tissue of the eye, i. e. in rheumatic ophthalmies, the effects of blisters are more complete than in any other cases, whatever may be the intensity of the inflammation. No topical application is so efficacious. The disease is, as it were, extinguished beneath the blister, and ordinarily disappears entirely by the use of one or two blisters in the space of from eight to fifteen days. The catarrho-rheumatic ophthalmia is still more under the influence of the blisters, applied upon the eyelids. M. Velpeau concludes his paper by hinting at the possible advantage to be derived from blisters in the earliest period of cataract ; he grounds the idea of their possible utility, on the influence which they appear to possess of restoring those parts of the eye which have become cloudy, to their natural transparency ; but the notion is supported by no facts.—*Journal des Connaissances Médico-Chirurgicales*.—September, 1836.—*Brit. and For. Med. Rev.*

COMPARATIVE BILL OF MORTALITY,

From the 1st of MARCH, to the 28th of MARCH, 1837.

Diseases.	MARCH	7.	14.	21.	28.
Abcess	1	1	1	4	
Age and Debility	32	47	55	43	
Apoplexy	2	9	5	6	
Asthma	20	16	25	16	
Cancer	3	2	1	2	
Childbirth	—	1	3	—	
Consumption	64	66	62	55	
Constipation	—	—	—	—	
Convulsions	26	30	28	81	
Croup	1	2	5	8	
Dentition or Teething	6	5	9	1	
Diarrhæa	—	1	—	—	
Dropsy	8	13	11	8	
—— in the Brain	5	10	13	9	
—— in the Chest	—	1	3	—	
Dysentery	—	—	—	—	
Epilepsy	—	—	1	—	
Erysipelas	—	1	1	—	
Fever	6	8	11	7	
—— Scarlet	6	1	3	4	
—— Typhus	3	—	—	1	
Gout	1	—	—	—	
Hæmorrhage	1	—	—	—	
Heart, diseased	1	4	1	—	
Hernia	—	2	—	1	
Hooping Cough	10	15	15	8	
Indigestion	—	—	—	1	
Inflammation	23	23	20	26	

Diseases.	MARCH	7.	14.	21.	28.
Inflammation of } the Brain . . . }	3	8	8	4	
—— of Bowels and } Stomach . . . }	3	2	10	—	
—— of the Lungs } and Pleura . . }	9	8	20	5	
Influenza	4	13	8	3	
Insanity	3	1	5	1	
Jaundice	2	—	—	—	
Liver, diseased	—	3	10	—	
Locked Jaw	—	—	—	—	
Measles	2	4	1	8	
Mortification	1	4	4	1	
Paralysis	2	1	5	1	
Rheumatism	—	—	—	—	
Scrofula	—	—	—	—	
Small Pox	3	1	3	1	
Sore Throat & Quinsey	1	—	—	1	
Spasms	1	1	—	—	
Stone and Gravel	—	—	—	—	
Stricture	—	—	—	—	
Thrush	1	—	1	4	
Tumor	—	2	—	—	
Venereal	—	—	—	—	
Unknown Causes	4	239	1	—	
Casualties	4	2	10	4	
Total	263	548	854	254	

BOOKS RECEIVED FOR REVIEW.

Symbolæ ad Talipedem varum Cognoscendum, 8vo. pp. 78. By W. J. Little.

A Treatise on Painful and Nervous Diseases, and on a New Mode of Treatment for Diseases of the Eye and Ear. By A. Turnbull, M.D., pp. 160.

***Practical compendium on the Diseases of the Skin.* By Jonathan Green, M. D. pp. 371.**

On the Venereal Diseases of the Eye.
By William Lawrence, F. R. S.

Histoire des Maladies observées à la grande Armée, pendant les campagnes de Russie en 1812, et D'Allemagne en 1813. Par Le Chevalier de Kirchoff. Anvers, pp. 424.

RECEIVED IN EXCHANGE.

The Medico Chirurgical Review.

The British and Foreign Medical Review.

Medical and Surgical Journal.

Annals of Medicine.

mucous membrane of the lungs, has never, I believe, been announced to the medical world, and originated with myself. I always intended to make it known to the public. My notes of the efficacy of this remedy I left in the United States. If I had them, I could give you more definite and precise information in regard to the therapeutic properties of the lobelia in such affections. But I have thought that a bare enumeration of the principle, that lobelia inflata is almost a specific for inflammations and engorgements of the mucous membrane of the bronchi, and for spasmodic constriction of those tubes, might be attended with considerable benefit at the present crisis. I have very little doubt, that if the remedy be tested in your present epidemic, experience will establish the principle beyond cavil or dispute,—*that lobelia inflata is, for inflammations and congestions of the mucous coat of the bronchial tubes, precisely what the lancet and antimonials are for inflammations of the serous membranes of the thoracic viscera.* have I never found venesection, antimonials, or purgatives of much utility in severe catarrhal fevers. Used with moderation, the effects of such remedies are often equivocal, and in excess, always prejudicial. You have, no doubt, observed, that in violent catarrhal fevers, the mucous lining of the alimentary canal sympathizes with the inflammation of the mucous membrane of the lungs. Hurried respiration, red tongue, weak and frequent pulse occurring in catarrhal affections, especially in debilitated children and in old persons, always indicate considerable danger. This is precisely the pathological state of the system, which the inflata is so well calculated to remove. Its action is so prompt and self-evident, that there can be no mistake about its virtues. It is altogether a different medicine in this state of the system, from what it is when given to a person in health or differently affected. In the healthy state the lobelia is powerfully emetic, but in the inflamed, congested, or spasmodic state of the bronchial tubes, it neither vomits, nor produces any sensible effect upon the great organs of secretion. It seems to spend its force in diminishing the anhelation, in lessening the frequency of the pulse, in allaying the general febrile commotion, and in restoring the balance of the circulation and excitability. Why it should be so, is as difficult to explain, as why opium is not a narcotic when it has pain or spasm to allay. I have used a saturated tincture made of the leaves, stems, and inflated capsules of the plant. Dose—one or two teaspoonsful every two or three hours, oftener, or not so often, according to the urgency of the symptoms. I mix it with about an equal quantity of the syrup of squills, or the oxymel. I have given two children, less than a year old, from twelve to twenty drops, without producing vomiting. When the remedy vomits, it indicates that the dose is either too large, or the condition of the system is not applicable to its employment. It produces its best effects when it creates no visible constitutional disturbance. When the anhelation comes on in paroxysms, a dose or two of quinine may be safely and advantageously used in the intermission, and the lobelia in the paroxysms.—*Medico-Chirurgical Review.*

On the effects of Blisters, by DR. GRAVES.

BLISTERS are employed in a variety of diseases, but are followed by very different physiological effects, and capable of serving very different purposes,

according to their mode of application. In fever they are generally employed either as stimulants, or as evacuants and derivatives. As stimulants, they may be used with the intention of rousing the depressed energies of the system in general, by their action on the nervous and circulating systems, or of stimulating the torpid functions of some particular part or organ. With this object in view, they are applied as flying blisters—that is to say, for a space of time not exceeding two or three hours, and solely with the intention of producing a stimulant effect. You have seen some cases of fever in our wards, in which the powers of life were greatly depressed, the extremities cool, the action of the heart feeble, the pulse weak, respiration short and imperfectly performed, and a tendency to faintness and sinking; and you have observed that in such cases we derived great benefit from the application of flying blisters over the region of the heart, the epigastrium, chest, and inside of the legs and thighs. We applied our blisters in these situations, left them on for two or three hours, and then removed them; and you have seen them, when employed in this way, succeed in rousing the vital energies, the depressed action of the heart and capillary system, and the flagging state of the respiratory function, as shewn by the increased strength of the pulse, the more general diffusion of heat, and the renewed play of the various functions.

In such cases, where the stimulant effect alone is required, it would be wrong to leave the blisters on longer than two or three hours; it will be quite sufficient if they prove merely rubefacient, or, at most, vesicate so slightly as to give to the blistered surface the appearance of a miliary eruption. Here you have all the stimulant effects of blistering, but not followed by their debilitating consequences. You are aware that blisters applied in the ordinary way have a twofold effect; they first rouse, and then depress; acting primarily as stimulants, and secondarily as evacuants. They first act as stimulants, producing pain, heat, and redness of the part; after a few hours these symptoms diminish, and are followed by an effusion of serum—in fact, a quantity of white blood is abstracted from the cutaneous capillaries, and in this way an evacuation is produced, calculated to diminish any accidental congestion in neighbouring parts.

Blisters, produce first increased action of a part, and then act as evacuants. They also stimulate the system generally; but if left on until full vesication is produced, they act as evacuants and depletives, and lower the general tone of the economy. I have frequently observed this succession of events in chronic cases, in which it was found necessary to blister repeatedly during the course of the disease. The patients generally told me that they felt better and lighter on the day on which the blister was applied, but on the next day they usually felt weaker and more depressed; and this state sometimes lasted more than a single day. You may therefore apply blisters as excitants and stimulants, or you may employ them as evacuants and depletives; yet there are many persons who seem to forget this distinction. If in a case of inflammation, occurring in a low state of the system, you propose to apply a certain number of leeches over the inflamed organ, they say no; but they have no hesitation in applying a large blister, leaving it on until it produces full vesication, and thus abstracting a considerable portion of white blood from the system.—*Medical Gazette*.

Phlegmasia Dolens, by Dr. Roe.

ELIZABETH LAVENDER, aged twenty-one years, a weak and sickly creature, was admitted into the Westminster Hospital, with violent pain in the calf of the left leg, attended with great tumefaction, which came on suddenly fourteen days after parturition. The labour was a severe one, and lasted twenty-three hours. The patient first noticed the change in her limb in the afternoon. She could not move the limb, and every attempt occasioned severe pain. There was, also, a rapid accession of swelling. A neighbouring practitioner was consulted, and pursuant to his advice eight leeches were applied to the seat of pain. The anguish and tumefaction were not relieved by these means. On Thursday, the 23rd of February, the fourth day after the incidence of the attack, she was brought into the hospital, and had twenty leeches directly applied, and poppy fomentations subsequently. At night the following potion was administered to her. Take of

Castor oil, 6 drachms; *Laudanum*, 15 minims; *Peppermint water*, 1 ounce. Mix.

The leeches, followed by assiduous fomentation, afforded her some ease, and she passed a comfortable night.

Feb. 25. The fomentations have been continued ever since, with apparent benefit. The pain has entirely left her, and the tumefaction has abated. Take of

Calomel, half a grain; *opium*, a quarter of a grain. Mix with some vehicle, and form a pill, to be taken every four hours.

26. The patient seems to progress in amendment. The bowels act comfortably; appetite feeble. Take of

Sulphate of quinia, 16 grains; *Diluted sulphuric acid*, half a drachm; *Sulphate of magnesia*, 2 drachms; *Peppermint water*, 6 ounces. Mix, and let an ounce be taken three times a-day.

28. The patient is of a small figure, is rather of a leucophlegmatic temperament, and is much emaciated. The expression of the face is easy and natural. She has thirst, and has had no perspiration; but the skin is not dry. The affected limb is swollen from the dorsum pedis to the groin, and presents an œdematous, shining surface; it pits on pressure, but no pain is produced. This morning she supported her weight for some time on the limb without feeling pained. The bowels are open, and the pulse 108.

Clinical Remarks.—"Phlegmasia dolens," said the Doctor, "depends primarily upon inflammation of the veins; where it occurs in women it consists generally of two kinds; First, that where the inflammation originates in the uterine veins, and spreads itself into the common iliac, the internal and external iliac, the femoral and epigastric veins. Secondly, that where the inflammation does not affect the uterine vessels, but is confined to the large hypogastric vessels already named. The case of this woman is of the second kind, in which the womb is not affected. In phlegmasia dolens, of every description, there is œdematous swelling, extending from the toe upwards, to the inguinal regions, with pain in the course of the blood vessels, and great tenderness of the entire limb. If the uterus be affected, the patient is conscious of a sense of weight and dull pain in the sacral and hypogastric regions, and there is great tenderness of the peritoneum evinced on pressure. In all cases the constitution is implicated to some extent. There is increased temperature of the surface, occasionally attended with perspiration, furred tongue, cerebral irritation, and in the severer forms, delirium.

“The severity of the symptoms depends upon the nature of the morbid process going on in the veins affected. The phlebitis, from whatsoever cause proceeding, has generally (unless speedily resolved) one of two terminations. Either a quantity of coagulable lymph is thrown out, which obstructs the circulation in, and finally occludes the channel of, the vessels; or the lining membrane secretes pus, which mingles with the circulating fluid. The former of these two conditions is by far the most favourable, as the general health is usually not materially depressed. In case of occlusion of the area of the vein, the œdema may remain in the limb, until a compensatory circulation is established in the minor vessels. It appears that the collateral veins are much longer in adapting themselves to the carriage of an increased column of blood than the collateral arteries under analagous circumstances. When the local inflammation, however, is subdued, the resiliency of the patient's constitution, assisted by judicious means, will generally help her to a happy result. When pus is secreted by the inner membrane, the constitutional symptoms are more severe, and assume a typhoid character. The patient has sordid lips and tongue, pungent heat of surface, and the eyes and face assume a comatose character. In the male, as well as the female, phlebitis is not of uncommon occurrence, either in the upper or nether limbs. It is seen in the cephalic and basilic veins after venesection; the vein swells, hardens, becomes painful and tender, and has its course marked by a red line. The same phenomena are observed in inflammation of the major and minor saphena. In all these instances extravasation of serum, or œdema, takes place in the adjacent cellular membrane, and the surface has a glazed, white appearance. In our treatment of this disease, the attention must first be directed to the constitution of the patient, of which the energy must be maintained under all circumstances. Abstraction of blood must be resorted to with great caution, even as a topical remedy, and other antiphlogistics employed with equal circumspection. You perceive that in the case of Lavender, I have employed topical depletion, and supported the strength of the patient with a mild tonic. Mercury has been used to the extent of producing a slight fetor from the mouth. This last remedy has had, no doubt, considerable influence in reducing the local phlegmasia. Under this method the patient has gradually amended, and we may safely prognosticate a perfect recovery.

“Dr. LEY is of opinion, that this disease in the female often originates in the orifices of the veins in the uterus, which are exposed to air in long parturitions. This is merely an hypothesis, though an ingenious one; the pathology of this affection is still involved in obscurity, and affords an extensive field of research for the philosophic inquirer. There is no doubt that an examination of the veins of the uterus would furnish a clue to the explanation of many anomalous symptoms in the diseases of women. There was recently a patient in Adelaide ward, under the care of Dr. BRIGITT. She was generally considered as labouring under puerperal mania, but I never thought so, for there were symptoms present and symptoms absent, which led to a contrary conclusion. In puerperal mania the head is almost exclusively affected, the tongue is clean, the skin pretty natural, and there is but little febrile excitement. In this woman's case, however, there was furred tongue, excited pulse, hot burning skin, alternating with profuse perspirations, but not critical. She died from febrile irritation, and the autopsy exhibited a considerable secretion of pus in the uterine and spermatic veins. We cannot question the truth of the assertion, that many forms of disease,

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OR
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JUNE 1, 1837.

On SPINAL DEVIATIONS, (*continued.*)

By THE EDITOR.

To Sir Benjamin Brodie, M.D. F.R.S.

&c. &c. &c.

Dear Sir,

If it were thought desirable to produce an artificial paralysis of an organ, or of any part of the body, without injury to the brain, or to the spinal chord, could it not be effectually done by condemning the organ, or the part of the body, to inaction? "What power, says Salzman, can the body attain, if it be not exercised?" Were we to keep the suckling "twenty years in swadling clothes, we should have a helpless monster, a babe of twenty that could neither walk nor stand, and this merely from want of exercise." Such monsters are found in our great cities. We have a striking example of the fatal effects of want of exercise in Gasper Hauser, with whose melancholy history, most persons are acquainted. He was confined many years in a narrow and dark cell, where he was compelled to remain constantly lying down. When he recovered his liberty his limbs were so emaciated, he could make no use of them; he attempted to walk but could not even stand, and preferred crawling. He could not articulate, but after receiving a species of education, he remembered his sufferings, and managed to say that he had lived in a very small room, and that his keeper one day came behind him and guided his hand, and made him write; he afterwards taught him to stand up and walk, and taking him upon his shoulders, left him near the town of Nuremberg, where he was found.

How many young ladies blindly subjected to remain in a recum-

bent position during two or three years, bound down with leather straps, confined with iron bars, drawn by the head and feet with steel springs, share the same fate as Gasper Hauser! How many girls after being subjected to such irrational treatment, are unable to stand, to walk, or move alone! Their spinal column being straight, but too weak to support the weight of the body.

I shall not review the different opinions of various authors on the causes, nature, and species of deviations of the spinal column, but merely confine myself to those points I have disapproved in my former letter,—I allude to crutches during the day, and traction during the night and part of the day. The disadvantages of inaction are so great, that even in cases of fractured limbs I would, were it possible recommend exercise: and it is the importance of exercise in fractures of the legs, which has led some surgeons to advise the use of crutches for adults.

If I wished to bring forward examples of the disadvantages of inaction, I could easily find them in your own works, and I beg to relate one case that has attracted my particular attention. A girl of eight years old was admitted in St. George's Hospital. At this time the upper part of the spine was bent forward, and the spinous processes of some of the dorsal vertebræ formed a preternatural projection at the posterior part, but still she was able to walk without assistance.

She died. The body was examined by Mr. Howship; it was universally anasarcaous. *The abdominal muscles were so wasted that scarcely any vestige of them was perceptible. This probably arose from the circumstance of the child having remained in bed for so long a time previous to her death, and having scarcely ever varied her position.*

I merely quote this case which happened to lay before me, to show that you are of opinion that the want of exercise, and inaction in bed, can have a great share in producing atrophy of the muscles.

It will probably be said, that in this case, the incurvation forward of the spinal column, condemned the abdominal muscles, to inaction; if so, it is evident that inaction of the muscles, whatever may be its cause, wastes them and destroys their power; I shall take this point as granted, and will make use of it later on. But will this fact be denied? Will it also be denied that not only the muscles, but also the bones, and all the organs of the economy are weakened?

I could easily take advantage of your beautiful experiments on animals, reported in your clinical lectures on un-united fractures, but I wish to avoid the reproach of having only a single authority, however high that authority may be; and without spending time in researches, I hope I may be allowed to bring forward the opinion of John Shaw, on a matter in which he was so well versed.

“The effect produced upon the osseous system by want of exercise,” says John Shaw, “may not at first be so obnoxious as the effects on

the muscles, but it is occasionally exemplified in a very striking manner. If a soldier in active service receive a wound for which immediate amputation be necessary, or if the same operation be performed on a strong labourer while he is in full health and exercise, the bone is found hard as ivory and compact in structure ; but if, either the soldier, or the hospital patient should in consequence of the accident be confined to bed for some time before the leg is amputated, the bone is found soft and spongy, like that of a scrofulous person ; a remarkable instance of this is preserved in Bell's Museum, another example is recorded by Cheselden.

This law is not confined in its operation to the muscular and osseous system, but extends to every part of the body ; thus in an ankylosed or stiff hip joint, we find that its capsular ligament, the strongest in the body, wastes and becomes a mere web of membrane, scarcely discoverable ; even the arteries lose their tubular form if the blood does not pass through them.

As a farther demonstration of the necessity of action to the preservation of a part, John Shaw mentions, that no part in physiology is better established by demonstrative proofs, than the effect, which the cessation of due exercise of function produces upon a nerve. Later on, after having exemplified the importance of exercise, he says, that in no part of the system, the law of exercise is better exemplified, than in the history of the affections of the *spine*.

"The muscles," says he, whose office it is to support the vertebræ, may be so weakened by want of exercise as to become incapable of performing their functions ; where this takes place, the vertebræ and the ligaments which bind them together, yield to the superincumbent weight, for they are affected in a secondary manner by the same causes that have produced debility in the muscles. "*Weakness of the muscles*, is, therefore, perhaps, one of the most frequent forerunners of distortion, though there are many other causes : again John Shaw says—" *the most probable source of many distortions is either in the cessation of the actions of some particular part, or in the undue and partial exercise of others.*"

To deny the impossibility, or frequency of spinal deviations, through muscular debility, or from inequality of exercise, is to oppose experience and observation. Deprive a skeleton of its muscles, and let it be seen whether it can easily be kept erect. Take from any part of the body, muscles that maintain the equilibrium, and then judge how difficult it will be to keep it in its natural position.

A young girl having the muscles of one side of the body weaker than those on the other, will find it impossible to walk straight. She is continually drawn on the side most developed. This single symptom sometimes suffices as a diagnostic to deformity or unequal development, on both sides of the body. Unless all parts of the human frame are in equilibrium, the body cannot be in its natural position. Spinal deviations often result from the efforts made to

obtain this equilibrium; girls unequally developed are generally awkward in their gait and actions. Dupuytren in his clinical lectures, relates a striking example of equilibrium in all parts of the body. A young man had his wrist and part of the fore arm crushed by the wheel of a heavily loaded waggon. The fore arm was amputated. This man was a runner, and after the operation he returned to his original mode of life, but soon found he could not succeed; the arm moving incessantly served as a pendulum, and the left arm no longer counterbalancing the right, he was involuntarily drawn to the right side, and could not run nearly so fast as before the accident. Dupuytren recommended an artificial arm.

The muscular efforts made by this man alone enabled him to run, but the muscles replaced the absence of weight. In deviations, with inequality of muscular power, there is nearly always unequal developments of both sides of the body, and no attempt being made to neutralize the effects of the muscles appertaining to the side most developed, a deviation is the result of it. We must not be surprised at unequal development being so common to children. They write, they draw, they work with the right hand. On the piano forte, on the harp, the right hand is far more exercised than the left. An english author, struck by the power of habit in causing unequal development of both sides of the body, says, "that among the male Aborigines of London, the practice of giving the wall by the left, and taking it by the right shoulder, which originated in their narrow crowded streets, something less than a hundred years ago, has given an advance to the right shoulder, and an obliquity to the trunk, by which they are easily distinguished among other men, and which vain new comers often imitate, from an idea of these postures being fashionable. *Duffin, page 54, edition, 1829.*

We should certainly not easily have suspected the cause revealed to us by Mr. Duffin, and without sharing his opinion, it proves that he admits the great power of habit, and in habit the muscles of the body play a striking part.

The lateral curve to the right, forming the subject of this letter, is the most striking deviation; it is also most dependent on muscular structure. It must be admitted that our institutions, our arts, our habits, give more energy of action to one side of the body than to the other. The organs most exercised must be more developed, according to the great law, the general law which proves that exercise develops and increases the power of the organs. It is easy to understand that a young girl, who during growth learns to play the harp, has her right side brought forward, and all the muscles put in action, and developed, while the muscles on the opposite side are less active. This fact admitted, the deviation not originating in *ramollissement* of the bones, rachitism, or scrofula, but merely from the effects of attitudes and muscular efforts, more active and frequent on one side than on the other, ought to be treated accordingly. When the cause is at length ascertained, why

not employ the same means to cure the evil as those that engendered it? For deviations arising from the imperceptible traction of the muscles, from the effect of weight, or from the incessant effort made to keep in the necessary attitude, let us imitate nature in her proceedings.

When a child plays with a bow and arrow, does he attempt to straighten his arrow by pulling both ends? Certainly not, but taking hold of the cane with both hands and placing the middle part of it against his knee, he tries to produce a contrary curve.—We propose the same plan with our *undulated machine*. The convexity of the couch represents the knee, the head and pelvis are the two extremities of the curved spine, and tend from their own weight and want of support, to reach the straight line. The muscles on the left side, the trapezius, the large dorsal, the small dorsal, the rhomboideus, the spinal muscles, and all the muscles of the thoracic region are in action to straighten the curve, and have the double advantage of developing the chest, and strengthening the muscles. In all spinal deviations where the bones and cartilages are not affected by scrofula, caries, and ramollissement, the spinal column has only given way to continual traction of muscles rendered strong by exercise; whether these muscles be directly united to the spine, or whether they take rise in a part which follows its movements. The advantages of the undulated plane, I propose, are very great, as it admits of free motion; the exercise may be taken at all hours, either in a drawing room, or in a garden.

To give strength and stimulus to the muscles which have remained inactive, and are weakened; to keep those muscles that have been too much exercised, in repose, until equilibrium be established, is both in theory and in practice, doing what is best calculated to straighten the spine, and to give to the ribs the curve appertaining to their normal state.

To want of exercise, says M. Marjolin, may be attributed most of the deformities common to children. Exercise must not be considered merely as the means of strengthening the body, and giving more ease and firmness to the movements, but it is essentially useful in the early stages of deformity, and to maintain cures performed by machinery.

M. Marjolin also observes that the permanent extension of the vertebral column, the lateral pressure acting on the thorax and on the lumbar region, are resorted to in order to lengthen the spine. This extension and pressure can never increase the action of the weakened muscles; neither can they re-establish the muscular equilibrium, whose cessation is in many cases, one of the first causes of the unnatural curvature of rickety persons.

If what has been here related requires confirmation, it would merely be necessary to remark those persons who have been subjected to extension and crutches. The partisans of extension, admit with great simplicity that to ensure success, the patient must always

be lying down, when not walking with crutches. How then are the muscles of the body to acquire strength; how can the spinal column afford the necessary support? Delpech asserted that he would give up orthopedy without the assistance of gymnastics, and what orthopedist can be considered a better judge than Delpech?

Exercise is of vital importance in spinal deviations in young girls leading a sedentary life: and the more so when their movements are confined by awkwardness, or from wearing tight or ill made stays, which weaken the muscles so as to render them unfit to support the frame.

Delpech relates that he has seen persons treated for deformity of the spine by extension only, unable to support the weight of the body without crutches. During extension, growth has been rapid, and great weakness ensued from continued extension. In a celebrated orthopedic establishment a young lady broke one of her crutches while walking in the garden, she was unable to stand or to walk a single step alone, she was carried into the house.

John Shaw not only pointed out the disadvantages of extension, but also those of long continued horizontal position. I may state, says he, that it is scarcely possible to imagine any means so effectual in preventing parts from performing their natural functions as the plan proposed for the cure of a disease originally proceeding from weakness. Indeed this now begins to be discovered, and the use of the inclined plane is gradually falling into disrepute; for it is found that although a girl who is slightly distorted, may become more straight, after having been confined to the horizontal position for months, she does not gain strength, but on the contrary being so weak, that she can scarcely stand, or walk; and when she attempts to sit up without some artificial support, she sinks almost double, or at least into a state worse than she was when she first lay down. These are sufficient objections to the practise, but the effects which a long continuance of the system has upon the general health are still more serious. We find that girls who have been long confined to the reclining board, are delicate, and liable to all the worst symptoms of hysteria.

I trust my opinion will not be misconstrued; I do not in these letters allude to any spinal deviation originating in change of structure; as ulceration of the articular cartilages, scrofulous diseases of the joints, caries of the vertebræ. In these almost incurable diseases, a state of *absolute rest must be continued for a considerable length of time.*

I have confined my observations to spinal deviations caused by irregular exercise, bad attitudes, neglected or ill directed education. I speak of those deviations existing among the higher classes of society in consequence of the mismanagement of their physical education, and of the injudicious anxiety of parents to see their daughters shine by accomplishments. I now point out the real purport of my letter, although it be evident to the most common

reader, and I am led to do so by hearing parents express an opinion of their own, and give it out as your's. "Sir Benjamin Brodie," says one lady, "advised rest, and a recumbent position to an acquaintance of mine, and she derived much benefit from it." This observation being repeated, a second person says, "Sir Benjamin Brodie always recommends *continual* decubitus:" some further addition is again made by a third person. A nobleman not very long since asked you whether you approved of crutches and traction in spinal diseases, to which you replied that it depended on the circumstances of the case. The nobleman combining the ladies' gossip with his question, and your supposed opinion on spinal diseases, repeated to me, "that in spinal deviations, Sir Benjamin Brodie advised a recumbent posture, traction and crutches."

In vain did I endeavour to prove that he had misunderstood you; the gentleman maintained his opinion; and as I differed, he called in a quack; who understanding business, immediately sent in a horizontal bed with straps, leathers, and all the apparatus worthy of Proustes, and a pair of crutches fit for a giant. He was handsomely paid for his machines, so that your misconstrued and misunderstood opinion served to protect and favor the trade of a quack. But few days had elapsed when the parents found an alteration for the worse in their daughter, and listening to the various observations of their friends, began to think they had acted very hastily, and sent for a physician who confirmed the rational opinion of his brother practitioners, and caused the quack's apparatus to be sent to the lumber room.

To resume what I said in my former letter, I must observe that to act in a contrary direction to the mode of action causing the disease, to straighten a crooked stem, and not according to the homeopathic system, to increase the evil, is the principle on which the treatment of spinal deviations originating in muscular weakness, bad attitudes, and neglected education, should in my humble opinion be founded. It now only remains for us to treat of the most rational means of curing spinal deviations, without resorting to extension, or condemning young girls to tortures and continual immobility.

I am, dear Sir,

Ever most faithfully your's,

22, NEWMAN STREET,
1st JUNE, 1837.

BUREAUD RIOFREY.

On PULMONARY PHTHISIS in CHILDREN, by M.
BAUDELOCQUE.

THE following cases will serve to prove that the symptoms of pulmonary consumption in children are the same as in adults, whether these symptoms be local or general.

Julie Dupuis, aged three years and a half, was admitted into the hospital for sick children early in January. She was born of healthy parents, but had always been delicate. She was taken from nurse at two years old, and has had a cough since that time.

During November and December, she was affected with acute pleurisy of the right side, which necessitated the application of leeches.

The traces of pleurisy were ascertained; thick false membranes seemed formed between the pleura and the right lung. There is not greater development on the side of the chest than on the opposite side. The sound is not clear, the bronchial respiration weak. In auscultation the mucous rale is alone heard, the cough is dry, and the pulse only gives one hundred pulsations in the morning, but increases at night, which is also the case with respiration, which in the morning is only repeated thirty times per minute. The child has diarrhæa.

During the eight days, the child was in the hospital, she did not get better, the parents took her away on the 30th, she died of suffocation on the 31st.

On the post-mortem examination, we found general and intimate adherences between the right lung, the costal pleura, and the diaphragm.

The left lung was free, the bronchial glands had undergone tuberculous degenerescence. In the right lung white tubercles from the size of a grain of millet, to that of a grain of hemp seed, cover the surface, or the centre of the organ. In some parts they form groups about the size of a filbert, round which the pulmonary tissue is indurated. The left lung is equally covered with tubercles, they are spread in the two lobes, and as near the basis as the summit, none of them are soft. Some of these productions are also found in the false membranes lining the right lung. Ulcerations, and submucous tubercles were found in the intestines, as well as in the liver and melt.

Reine Hervet, eleven years of age was admitted into the hospital, on the 25th of January. Her father had a complaint of the chest, and died of the cholera. One of her brothers died at eighteen, of consumption, and one of her sisters at twenty-four, of the same disease. In her infancy she had various exsudations of the scalp, and glandulous congestions of the chest, which went off. She had the measles at seven, a continued bronchitis accompanied the exanthema, and lasted some time after it had disappeared. At this

period a blister was applied to the arms, and the patient still keeps on a blister; the catarrh which succeeded the measles disappeared in a few months; the patient recovered her strength and grew fat; but the cough came on again, then ceased, then reappeared. For the last ten months the patient had not ceased coughing, she spit blood several times but not in any great quantity. She complained of great pain between the shoulders, has been subject to diarrhæa and gradually wasted away. For the last three months her voice has become weak; fever towards evening, and nocturnal perspirations. The appetite has continued good: and the patient has had sufficient strength to get up every day.

On the 26th, at the morning visit, we ascertained the state of the patient to be as follows:—Dorsal decubitis, redness of the upper part of the cheek, contrasting with the paleness of the rest of the face, general thinness, œdema around the malleolæ, light hair, blue eyes, long eye lashes, well shaped thorax. Frequent cough, slight expectoration, the voice very feeble. On percussion, we found a *son mat* from the clavicle to the breast both right and left; on applying the ear to this region, a cavernous sound was distinctly heard and sero-purulent ronflement.

On the left this latter sign is wanting, but the cavernous respiration is evident. The respiration is accelerated 32 inspirations in a minute, the pulse beats 80 or 90 times a minute in the morning, and rises to 100 or 120 in the evening. The bowels are not active; slight pressure on the abdomen gives no pain, the diarrhœa has ceased. She has a good appetite, asks for food, and wishes to get up; she is in full possession of all her faculties. Gummy beverage, mixture with half an ounce of syrup, broth, and an egg. During the three following days, the patient got up and took food.

The 29th she was up part of the day, in the evening she was taken suddenly with a pain in the right side of the chest, and with intense dyspnea.

The 30th the patient could not lie down, she sat up in bed, her lips were violet: the dyspnea violent: 72 inspirations a minute, the pulse quick. The child expired at five in the afternoon.

The body was opened forty hours after death, the mucous of the larynx, the trachea, and bronchii red and thick in several places, no erosion or ulceration. The bronchial glands are hypertrofied, a very small number have undergone tuberculous degenerescence; adherences of long standing, unite the summit of the two lungs to the thoracic coats. The right pleural cavity contains about three glasses of serosity tinged with blood. That on the opposite side is empty. The three lobes of the right lung are strictly united. In the upper lobe is an excavation large enough to hold an egg, and containing brown pus.

The tissue forming the walls of this cavern is indurated; when cut in thin pieces, it falls to the bottom of the water. In the two other

lobes there are several small excavations large enough to hold pea or a filbert. In the interval there are rough tubercles, and infiltrated tuberculous matter. In the inferior lobe are some portions of pulmonary tissue, air proof. To the left, large excavation, irregular at the top. The same alteration of the pulmonary parenchyma to the left. Nothing in the heart or pericardium. The stomach large. The mucous pale, and partially softened.

In the small and large intestines there are some submucous tubercles and some ulcerations. In the interval the mucous has pretty good consistence.

The matter contained in the rectum is solid. The mesenteric glands are rather more developed than in the normal state, but are not tuberculous. The liver, spleen, and kidneys are free from alteration, as well as the encephalus and its appendages.

3rd. CASE.—Antoinette Micotte, 14 years of age, was admitted into the hospital on the 10th of January. She was rather tall, and the thorax well formed, her father died of a consumption at the age of forty three: she is the youngest of fourteen children by the same father, who all died before they reached their tenth year. The mother has good health. In her infancy, Antoinette had congestion of the cervical ganglions, which have since disappeared. She had the measles at eight years old, but had no cough, after this complaint. Ten months since she was attacked with an acute affection of the chest, which confined her to her bed for several days. She however was soon convalescent. Three months since this girl left Auvergne, to come to Paris. She had a cough, with great pain in the length of the sternum, the diarrhœa came on. These symptoms continued till the patient was received into the hospital. During these three months, she expectorated blood in small quantities, the cough continued, and was sometimes so violent as to induce vomiting; she became feverish towards night. Her appetite continued good; a seton on the arm, blister on the chest, and pectoral beverage were prescribed.

When she came to the hospital, she was pale and thin; and so weak that she was compelled to remain in bed; she is hoarse, and the cough frequent, night and day. A dull sound is heard in the whole extent of the chest; and on the ear being applied to the subspinous region, there is pectoriloquy, catarrhal rale; lower down there is mucous rale. The catarrhal rale and pectoriloquy are equally manifest in front between the breast and the clavicle. On the right, the sound is clear, the respiratory noise is heard distinctly. The expectoration is grey, puriform, and contains streaks of blood and opaque lumps. The respiration is accelerated, 32 inspirations in a minute; the pulse 96 in the morning, but increases in the evening. Towards four o'clock the face becomes red, the skin heated, the pulse increases and persists until the morning, when abundant perspiration comes on. The abdomen voluminous—the

stools numerous, but no colic. An infusion of marsh mallow was prescribed, and a mixture with 1, then 2 grains of tartaric stibiati, pills of digitalis and sulfate of quinine.

The mixture of stibiati disagreed with the patient, it brought on nausea, and vomiting; no improvement took place: and an attack of dyspnea terminated fatally the 31st of January.

At the post-mortem examination we found an enormous tuberculous excavation at the bottom of the superior left lobe; ancient adhesions unite the summit of the left lung to the costal pleura. In the inferior lobe there are several other tuberculous excavations, but of smaller dimensions, and in the interval, raw tubercles, the bronchi on the left side are red, the bronchial glands hypertrofied, and transformed in tuberculous masses. The left lung has no cavern, but there are small tuberculous lumps, and miliary tubercles in great number; various parts of the pulmonary tissue are indurated.

The peritonitis contains a pint of transparent serosity, the ganglia surrounding the liver and pancreas have undergone tuberculous degenerescence. The stomach is spacious, its mucous pale and thickened. In the lower half of the small intestine, and in the large intestine, there are several ulcerations; some spread round this canal. There is nothing remarkable in the other viscera.

On ABSCESS of the BREAST, by J. CLOQUET.

In order fully to understand the question we are about to treat, we must bear in mind the disposition and organization of the mammary glands, formed of lobes, lobulæ, and agglomerated granulations, plunged in the middle of the cellular tissue, more or less abundant, forming a species of atmosphere, and penetrating deeply in each division.

From these lobulæ spring the galactophores or excretive conducts for the milk, having issue in the central part of the breast by the prominent part called the nipple. The glands receive a large portion of arterial, venous and lymphatic vessels; the latter springing from very small ganglia, only visible when they are full, and meeting the lymphatic ganglia of the arm pit.

The breasts, covered with fine and soft skin, are extremely sensitive. Their size does not always correspond with that of the gland, which is owing to the fat that surrounds this organ. The breasts increase considerably at the time of puberty, and still more during pregnancy, and after an accouchement when the milk is secreted.

The breast, like all other parts of the body, may be subjected to the influence of general inflammatory causes, and become the seat of abscesses. Besides which, owing to their functions, certain special causes may act more particularly at certain periods of life; and in the methodical study of the abscess of the breast, let us con-

sider whether it would be well to form a separate section for the abscesses formed during the secretion of the milk. We will, in the first instance, take a rapid view of the inflammation and abscesses of the mammary glands in general. In man, the mammary glands and the nipple are always in the same rudimentary state, and yet in boys, the breasts and nipples are sometimes red, tender, and painful, though more so on one side than the other.

Though this is but a very slight affection, it sometimes causes great uneasiness both to parents and children. By emulsions, applications, dissolvents, leeches, and warm clothing, these tumours on the breast gradually decrease, and disappear in two, three or four months.

This inflammatory state sometimes terminates by suppuration. A young man, of one and twenty, came to consult me for an affection of the breast. The nipple was red, tender, and painful on pressure and during the motion of the arm; the tumour was more developed on the right side than on the left, which terminated by resolution; leeches and poultices were applied, but the centre soon became the seat of a purulent collection, the fluxion being evident.

I made an incision above the nipple, about two spoonfuls of pus came away, and in eighteen or twenty days the aperture was quite closed, and the patient cured.

Abscess in the breast may also be developed in girls of scrofulous constitution; lymphatic ganglia of the breast sometimes become the seat of scrofulous abscesses in the breast.

But if the breasts of females are at all periods of life liable to abscesses, it is after an accouchement that the most serious cases occur, whether the mother nurses her child or not.

Various causes may give rise to abscess of the breast in women just delivered. Suppressed transpiration, sudden cold, acting on the whole system, or on a single organ, or moral affection; but without any doubt, they most frequently originate in the non-excretion of secreted milk.

The coarctation of the nipple gives acute pain during lactation and makes the excretion of the milk very difficult, and notwithstanding the strength of maternal love, the mother is sometimes obliged to give up nursing her child.

There is a patient now in the hospital who was confined at the *Maternité*; she nursed her child during ten days; the nipple was chapped, and she was compelled to cease giving the breast to her infant; went into a place as servant, and in four or five days the first symptoms of the affection were manifest.

The causes above-mentioned may either act separately or collectively; thus one of the most serious coincidences is the suppression of milk, accompanied by a moral affection, more or less intense. The secreted liquid alone may form an abscess, but I do not insist on this point at present.

When an abscess is being formed, the part of the breast which has felt the morbid action, becomes tender, hard, unequal; there is no change in the colour of the skin; the secretion of the milk is arrested, or only diminished. Sometimes there is a small hard tumour; some time elapses before it becomes painful. The patient has then shivering and fever; and an uncomfortable feeling of tension, reaching to the armpits, prevents the free motion of the arm; if the resolution take place, these symptoms speedily amend, and may totally disappear.

This resolution seldom takes place, but there is a case of this kind now in the hospital. The patient, a young woman of nineteen, far advanced in her pregnancy; there was a painful tumour in her right breast; two months afterwards it became painful, and all the symptoms of inflammation were manifest, went through their general periods, and ended in suppuration; a month since the abscess was opened, and the patient cured.

A fortnight afterwards, a new tumour appeared on the right breast, was painful, hard and tender towards the top. Five and twenty leeches, soothing poultices, strict diet, diluent beverage—speedy cure.

When the inflammation is developed, which very frequently happens, the breasts increase in size, and according to the degree in which the cellular tissue, the mammary gland, or the ganglia be affected, the heat, tension, and fever, vary, and sometimes acquire an extreme degree of intensity; the pain may be so great that the patient has cerebral symptoms; the skin becomes red and thin, and at last breaks, and a great quantity of pus is evacuated.

Let us now examine abscess of the breast in the different tissues they may affect.

All the cellular tissue surrounding the mammary glands may be the seat of an abscess.

The inflammation may be general, but does not affect the whole of the tissue; sometimes only that part placed between the gland and the skin, or that placed between the tissue and the pectoral muscle; sometimes that placed on the sides. Inflammation may also be developed in the interlobular tissue, and invade it consecutively.

In phlegmonous abscesses, inflammation seldom brings on gangrene of the cellular tissue, but it sometimes occurs, and it is the case with the patient in the hospital, who left off nursing her infant; there was effusion in the right breast, redness and great pain, swelling, fever, shivering came on ten days after the appearance of these symptoms; when she came to the hospital, suppuration had taken place during several days, and the fluctuation indicated the extent of the affection. When the abscess was opened thick yellow pus escaped, with membranous filaments, to which were cellular tissue and edipous tissue.

Phlegmonous abscesses never contain milk, as is often the case in glandular abscesses.

The course of phlegmonous abscesses is generally acute and rapid; suppuration speedily formed, its evacuations easy, and cure rapid; therefore, in the patient already named, there have been two abscesses successively developed in the left breast, gone through their stages in five or six days, without giving much pain; the pus rapidly formed and evacuated, and the sore quickly healed.

Phlegmonous abscesses of the breast are less painful, less liable to recidivus than those of the gland, and seldom leave *engorgemens* very difficult to cure.

In abscesses of the mammary gland, new symptoms, new alterations are developed. These abscesses are slow in their course, and constantly accompanied by acute lancinating pains, sometimes acquiring great intensity. They generally commence by one or two hard deep tumours. Every inflamed spot on the lobe forms a separate knot, which increases and suppurates. In the first stages the skin is not affected, it is only in an advanced period of the disease that it is inflamed.

Suppuration once established, if art does not procure an easy issue, the part breaks; the pus reaching the adjacent cellular tissue, forms boils, and causes a phlegmonic inflammation, a consecutive, phlegmonous abscess, and a real abscess by effusion, which complicates the primitive abscess.

There is a case of this description now in the hospital. This complaint began by a small hard tumour, which increased every day in size, became very painful, and terminated in an abscess, which was opened when the patient came to the hospital. Shortly afterwards, on another part of the inflamed gland, a new tumour appeared; then another abscess, which was also opened: after which a third abscess was formed in the lymphatic ganglia, near the armpit.

It is not uncommon to see milk exude from abscesses of the mammary gland; whether these abscesses may have been opened spontaneously, or by a sharp instrument, the milk comes away in white streaks at the same time as the yellow pus. It must then necessarily be allowed that there is rupture of the galactophorous conducts and milky fistula into the purulent seat. This milk sometimes is coagulated in the conducts, the serous parts alone escape, the curd remains, acts as a foreign agent, obstructs the excretion of the milk, determines an accumulation of the liquid in the roots of the galactophorous conducts, induces inflammation, rupture, and the formation of an abscess.

I am of opinion that it is to a cause of this nature that the abscess of the patient we have mentioned may be attributed. This woman had a laborious accouchement, and was delivered of a still-

born child. She had a severe milk fever; the breasts were large, distended, and hard; she remained a week in bed. The size of the breasts diminished, but the resolution was not complete; the mammary gland continued to be filled with milk. In a fortnight, a small hard lump was felt, it was deeply seated, became painful, and was developed.

Twenty-two days after the accouchement, the fluctuation was manifest; the patient came to the hospital, and the abscess was opened. A few days afterwards, another abscess formed near the last, was also opened, and it appears to me rational to attribute this abscess to the cause I before mentioned.

The experiment of M. Donné, on the composition of pus, may, in the first instance, seem in opposition with the theory here laid down, respecting the milky fistula opening into the purulent seat; but it will soon be ascertained that the experiments alluded to, confirm what I have stated.

M. Donné found pus in the milk of a woman who had an abscess; while we have seen milk in pus in abscesses of the same description. M. Donné thinks that the milk he found in the pus was conveyed through absorption, and we admit that the passage was made in a direct manner, through the communication of the galactophorous conducts with the purulent seat. From our theory the reciprocal passage of the milk in the seat of the abscess, and pus in lactescent conducts, is clearly understood.

This question is of the highest moment, and must be sedulously studied; for if it be admitted that a nurse having an abscess on the breast, may let an infant suck pus instead of milk, or else milk mixed with pus, can we foretel what may be the influence of this circumstance, not only on the constitution, but on the life of the child; the nurse should be therefore changed immediately.

The existence of milky fistulas clearly explains the obstinacy, and recidivus of the abscess of the mammary gland. The irritation, and the inflammatory accidents inevitably resulting from the presence of pus in the galactophorous conducts, and of milk in the purulent cavity, where they act as foreign agents.

But besides these numerous abscesses, of which one was the cause, or the consequence of the other; divers granulations of the mammary gland, more or less distant, may be influenced, and become the seat of abscesses wholly independent of each other, either simultaneously, or successively. We have seen females with eighteen or twenty of these abscesses, either primitive or consecutive.

I do not wish to treat lengthily of abscesses of the ganglia, these affections generally depend on a special cause; to causes which determine scrofulous affections; but it sometimes happens that a ganglia belonging to the breast becomes the seat of an acute primitive abscess, as a glandular abscess consecutively brings on a plegmonic abscess; but there can never be the same persistence of

recidivus; there is no secreted liquid obstructing the conducts; no passage for the foreign liquid in the conducts, of which the sensibility is not in harmony with the nature of the fluid. In fact, the stages of these abscesses are precisely the same as those of the ganglia of the neck.

The difference of the abscess of the breast, according to their situation, cause differences in their therapeutical indications, and from thence originate the variety of opinions of those authors who made this affection their study. Whatever may be the cause of abscess in the breast, and whether their seat be the gland or cellular tissue, as according to the intensity of the inflammatory symptoms, antiphlogistic treatment, more or less energetic, must be resorted to: leeches, soothing poultices, and diet, are in the early stages advisable; but notwithstanding our success with the patient now in the hospital, these means seldom succeed, particularly when the inflammation attacks the gland, or when it is provoked or maintained by the action of the milk.

If the patient be not nursing, saline purgatives, which are far preferable to vegetable purgatives, may powerfully contribute to the resolution of the inflammation of the breast.

But when, after the efforts made to obtain a resolution, the pus is developed, should the opening of the abscess be left to nature, or should the operation be performed by a sharp instrument? If the abscess be phlegmonous, if it be superficial, the indication is quite clear and precise; all surgeons agree that an operation is necessary.

But if the abscess be glandular, it is generally thought it should be left to nature. This opinion is not our's. Whether the abscess be phlegmonic, glandular, or ganglia, or one and the other at the same time, we are still of opinion that they must be opened, and prompt and easy discharge of the pus must be procured.

The reasons brought forward in support of the opinion of those surgeons who condemn the opening of an abscess of the mammary gland, are that the aperture will not give free issue to the pus, while by leaving it to nature, the pus will destroy the filaments which might have prevented the evacuation; that the hardness surrounding the cavity will be better dissolved; that the effusion will not be of long duration; that the patient will be less exposed to cancer, and that there is the fear of letting the air penetrate into the purulent cavity.

It is quite evident that if the instrument only reached the mass of pus, and merely made a superficial aperture, the operation would be badly performed, the pus would stagnate in the depth of the wound, putrid fermentation might take place, and be conveyed to the adjacent cellular tissue. But we think these difficulties might be easily obviated, by making a deep incision in the purulent cavity, which would reach to the bottom of it. As to cancer, the fear of it is entirely chimerical.

We have never seen cancer of the breast originating in abscess, and though we have continually to open abscesses, we have never met with the accident supposed to result from the introduction of air in the cavity of the abscess.

We think there is much more to fear from the pus being left to accumulate in a cavity on the walls of the chest, into which it may penetrate; and without alluding to this accident, fortunately uncommon, we may see what has happened to the patient now lying in the ward no. 17; the abscess of the right breast was not opened in time; it certainly destroyed the filaments, but it also dissected the mammary gland, and destroyed the interlobular cellular tissue.

When the abscess burst, the lymph was not discharged without acute pain, for the gland was inflamed. When the patient has the abscess on the left breast opened early, the pain is slight, the pus issues freely, there is but slight disorder, the adhesion of the walls of the cavity takes place rapidly, and methodical compression removes the rest of the engorgement in a few days.

But it will not suffice merely to give an issue to the pus by a large incision; the issue must be kept open, and for this purpose we introduce a canula of indian rubber, which reaches to the bottom of the cavity, and the pus escapes by its aperture. The pus secreted by the walls of the fistules, is also more easily evacuated in sliding along the external surface of the canula, which then acts as the pledget of lint.

The canula thus fixed in the sore, and reaching the depth of the cavity, must be fixed in this position; to accomplish this purpose, the free extremity of the canula must be tied with thread, the ends of which are attached to the skin by diachylon plaster. The best instrument employed for this important operation is merely the conical end of a common canula; the pus easily enters these large lateral apertures of the canula, not so easily stopped up as if it were terminated by a single aperture at the extremity: as the cavity is voided, and the fistulous passage decreased in length and breadth, the calibre and length of the end of the canula must also be diminished.

By following these precepts, all infiltrations of pus in the adjacent tissues are avoided, the purulent focus is speedily cured, and the cicatrization of the deep portion promptly reaches the external part. Such has proved the case with the two patients now in the hospital, and if practitioners of note have seen and proved that it was dangerous to open abscesses of the breast, it is because the incision was not sufficiently deep, and after the aperture was made, sufficient precaution was not taken to induce a discharge of the pus, and to prevent a collection of the fluid remaining in the focus, where it was secreted.

When the abscess is opened, the focus cleared, the inflammatory symptoms diminished, if the effusion continues, the best method of obtaining a resolution is undoubtedly by pressure, but this pressure

must be gentle, uniform, for if not carefully done, if any part the diseased breast, or the healthy breast were unequally pressed it would suffice to bring on the very affection we are anxious to combat.

Pressure may be made by scapulary bands, taking care to surround the breasts with a sufficient quantity of soft lint, so that parts of the diseased organ may be equally pressed, and that the healthy breast may not be injured.

Bandages thus applied are desirable, because apertures can be made over the sores so as to admit of an issue for the pus, and not prevent placing and fixing the extremities of the canula without removing the bandages. Glandular abscesses have sometimes been cured by these means in ten or twelve days.

Women, after their confinement, are often affected with swelling in the breasts, which sometimes occasions great uneasiness; they are afraid of cancer, but these fears are groundless; we do not think these tumours can be considered as causes of cancer; at all events, they would be very distant causes. There is far more reason to fear an abscess, and the surgeon must not remain passive; the surest preventive is compression, either in the manner already indicated, or by the ingenious bandage of Recamier; but if there be cancer, all means are useless; we do not understand how degenerated tissue can be brought to its primitive state. Compression has been employed with great success in milky fistulas, which resisted all other treatment.

Of Irrigation in the treatment of WHITE SWELLINGS.

White swelling of the radio carpal articulation—continued irrigations.—Complete cure.

Lahage, aged sixteen, farmer, of lymphatico-sanguine constitution, was taken ill the 15th of May, 1834; after a sudden cold, while he was in a state of perspiration, there was swelling and acute pain in the right knee. A warm bath carried off the swelling and the pain, but the same day the radio-carpienne articulation became affected. He however pursued his usual occupations, notwithstanding the pain and difficulty he felt in moving the wrist. The physician who attended him mistook the rheumatismal arthritis for a sprain, and treated it by resolutives. The complaint increased, and four months afterwards, the young man could scarcely move his arm at the wrist, and he came to the hospital for advice. Four blisters and eighteen leeches, were applied to the affected articulation. On the 10th of December, he was received in the hospital, the articulation of the wrist was considerably tumefied, particularly on the back part; the skin wan, pain acute, the fingers and hands nearly stiff.

After applying leeches six times, and putting blisters round the affected articulation, the white swelling remained stationary.

hand was put on a splinter, and the arm was bound from the elbow to the end of the finger, the thumb alone was left free. The patient suffered great pain in the back of the wrist: there was evident fluctuation, and an incision of an inch and a half; pus of rather a bad nature was evacuated. They continued to dress the wound, the arm still extended on the splinter, till the end of January: at this period the swelling increased considerably; the whole hand was inflamed; suppuration abundant, fever intense, fingers quite stiff.

Leeches on the back of the hand, and all the usual modes of treatment having been resorted to, without any good result, it was thought necessary to amputate the fore arm; but previously to having recourse to this extremity, M. Berard, senior, wished to try the effects of continued irrigation of cold water. The 20th of March, the apparel was kept on for five days; the tumefaction decreased, the pain was less violent, and the patient regained his composure.

The improvement continued during a fortnight; a new irrigation was made of five days duration, and the symptoms decreased; four other irrigations, each of five days duration, at intervals of fifteen days were then applied.

The 20th of June, after remaining six months and a half, the patient left the hospital; the wound was not quite closed, and on pressure there was a slight discharge of pus, of a good nature.

On his return home he made five more irrigations, but merely during the day; he continued them five days following, and from fortnight to fortnight. In August, the wound was completely healed, the swelling and pain quite gone. The wrist and whole thoracic limb on the same side, were nearly atrophied, owing to the want of exercise. The motion was however easy, and there was less weakness. In the winter he took warm local baths, with aromatic plants, and each bath lasted seven hours. He gradually recovered the use of his hands and fingers. In April, 1836, he began to make use of his hand; he was working in the fields last July, his fingers were flexible, the hand rather stiff. The radio carpienne articulation, which in the first instance was so stiff is quite flexible, and exercise will probably restore it completely, the thoracic limb has recovered its natural shape and size.

We have given a full account of this important case. Momentary irrigation always causes a salutary re-action, but is not so useful in white swelling.

On Spasmodic Stricture of the URETHRA, by J. BENIQUE, D.M.

Among the various diseases which have the effect of preventing the excretion of urine by stricture of the urethra, is one of almost a negative description, as no anatomical alteration is to be found on a post-mortem examination.

The inflammation which has invaded the tissues sometimes totally disappears in the passage from life to death ; but this disappearance is only complete at one single stage of the series of phenomena termed inflammatory, that is to say, when they have only produced a simple congestion. The absence of physical signs which on the inspection of the urethra, prove the existence of an obstacle to the free passage of the urine, is therefore but an exception in the history of an inflammatory stricture, while it is a constant rule in the other case.

But if after death any doubts could be conceived as to the nature of the disease, they would be instantly removed, by comparing the first symptoms which belong to these two species of coarctation.

However rapid an inflammation may be, more or less time is requisite, to develop and modify the tissues affected. When inflammation causes stricture of the urethra, it is always easy to give an account of its progressive symptoms. It is not to be supposed that the disease can be mistaken, for the pain it gives is very acute in an organ endowed with such exquisite feeling.

It is not thus with the affection which on anatomical inspection, might sometimes be mistaken for the first degree of an inflammatory stricture. Its invasion is instantaneous.

The patient is examined, and the catheter introduced in the urethra, the operation is renewed a few minutes afterwards, and an obstacle is encountered ; by slight pressure, the extremity of the catheter is kept in contact with it ; suddenly the obstacle disappears, the catheter is pushed on a few lines and is again suddenly stopped.

It is therefore supposed that the instrument is too voluminous, and a slight bougie is used in its stead ; but its passage is stopped, in the place where but a few minutes before, a cylinder of much greater dimensions had passed. When the bougie is withdrawn, it is pressed by the portion of the canal into which it has penetrated. Such are the principal signs which establish the decided difference between the coarctation of this sort, and other diseases which cause stricture of the urethra.

Almost instinctively and without any discussion, the signs first mentioned, were termed antispasmodic. This denomination indicated that they were produced by the contraction of the muscles of the urethra ; and it seemed so much the more suited, that muscular contraction alone produces such rapid effects as we have mentioned. Muscular contraction of the spasm of the urethra, is of all other obstacles met with during catheterism, the one the surgeon has less the power of preventing. If the advice of a surgeon be asked during the development of other strictures, therapeutical means will be taken that will arrest their progress, or greatly diminish the accidents they may cause. But how can the spasmodic contractions of the muscles of the urethra be prevented ?

All methods more or less ingenious, lately introduced into surgery, to enable us to reach the bladder, without violence following

the irregular direction, that disease gives to the urethra, are inefficacious in spasmodic strictures.

It may be for these two motives, that is to say, to be free from responsibility, and to account for the non-success of catheterism, that spasm was so strangely misused. It was resorted to as a characteristic of the divers causes preventing the passage of the catheter to the bladder.

Scientific and learned men rose up against this mistaken interpretation. Experience enabled them daily to appreciate the exact nature of the resistance opposed to the passage of the catheter, and they were confirmed in the opinion that the spasm of the urethra is very seldom the sole cause of coarctation.

M. Amusat, in a memoir lately read at the institute, speaks thus : "I do not admit the possibility of spasmodic strictures, except in the muscular portion of the canal, and even then I do not give them any great value as an obstacle to the introduction of the catheter, unless accompanied by inflammation of the mucous membrane."

It is easy to conceive that where the muscles nearly surround the urethra, where their habitual function is to press and drive out divers fluids ; pain recently felt, the fear of an operation, may increase their contraction, free them for a certain time from the power of the will, leaving them in a state of permanent tension with very few intermissions.

This state constitutes spasms. If it affect the muscles of the lower jaw, it will keep it fixed against the upper jaw. If it surround a dislocation, it will oppose the reduction.

Besides which, very often during catheterism, the catheter is pressed by the bulbo cavernous muscle.

The existence of the spasmodic stricture in the muscular region of the urethra has never been denied.

But what are we to think of similar phenomena being seated in that portion of the urethra in which there were no circular fibres. It appears that in the latter case the following reasoning has been made : in the interior part of the urethra, spasmodic strictures have been supposed to exist, and it was concluded they were muscular. Then followed more minute researches ; the urethra was carefully dissected, and it was found that from the cavernous bulbo, to the meatus, there were no circular fibres. From this latter fact it was nearly concluded, that in this same region there are no spasmodic strictures.

I must admit that notwithstanding the authority of Boyer and Lallemand, who have seen strictures at one or two inches from the meatus, I agreed with M. Amusat, that there could be no spasmodic stricture where there was no muscle ; when the following fact was communicated to me.

Antoine Riné, twenty-six years of age, a servant, was admitted into the hospital, St. Louis, the 29th of April, 1836 ; he had never

been troubled with syphilitic or blennorrhagic affections ; six years since he fell off a horse on a beam, and received a contusion on the perineum. He afterwards voided his urine drop by drop, and during nearly four years, blood almost pure. In the night he felt a desire to make water, but could not succeed.

The next morning he went on foot to consult a surgeon who resided three miles off. He suffered a great deal during the walk. There was no difficulty in introducing the catheter, and a great quantity of urine tinged with blood came away. He was afterwards able to make water without the catheter being passed. There was no swelling of the bursæ or perineum, no pus. He returned home, resumed his occupations, he complained very little, and felt no pain except when walking.

In the course of a fortnight, the urine was clear and limpid ; after that time it diminished gradually, and for the last five months was only discharged by drops, and in this state the patient was admitted into the hospital.

On the 30th of April, a silver catheter of the usual size was introduced into the urethra, it reached the membranous part without any obstacle. It was then suddenly obstructed.

The surgeon passing his finger in the rectum found that the direction given to the sound was proper, but as it could not reach farther, it was withdrawn. An attempt was immediately made to pass a slight bougie ; it went as far as the stricture, when it seemed to bend. Another of the same dimensions was then used, when it came within an inch of the meatus it was stopped.

The surgeon thinking it was caught, withdrew it several times, and endeavoured to give it another direction, in order to avoid the small valvular fold of the mucous membrane, but all these attempts were useless. As the stoppage of the bougie could not therefore be attributed to obstacles of this kind, it was pushed pelvis, and only advanced a few lines.

On trying to withdraw it, the resistance was so great, that it was difficult to bring it away, it was firmly caught. On the following days when the catheter was introduced it easily reached the membranous portion as far as the stricture ; there was nothing remarkable in the treatment. It would be difficult to find a more characteristic type of spasmodic stricture.

It must be observed that in the part of the urethra where it was most striking, muscular contraction could not have caused it. As to the inflammation, it is evident that in the short space of a minute which was the most that elapsed between the introduction of the first and second bougie, it could not have been so quickly developed as to bring on stricture of the urethra.

The circulation of the urethra is wholly distinct from that of the cavernous bodies. If the veins of the latter be injected in blue, and those of the urethra in red, scarcely any branches are found to unite

one system to the other. Their slight number, and small diameter shew the impossibility of their conveying to one part the excess of blood that might be found in the other.

The word spasmodic is evidently adapted to strictures similar to the one here mentioned. They are the mechanical consequence of the contraction of the muscles surrounding the urethra. They appear and disappear with this contraction. They are by no means common, and seldom occur when the urethra is perfectly healthy.

I shall say but little of the treatment of spasmodic strictures. The most important point is to wait patiently. If a bougie in the canal caused no pain, it might be retained near the obstruction so as to take advantage of any cessation of the contraction to advance a few lines.

Treatment of the VESICAL CATARRH, with Injections of Tar Water, and Turpentine Pills. FORMULA.

Hotel Dieu—Dupuytren's Clinique, 1829-30.

It is well known that the treatment of vesical catarrh by injections, belongs to Dupuytren. M. Devergie not long since published the results of his experiments on this subject.

The following case is taken from the hospital reports, collected in Dupuytren's time.

A man, aged forty-five, in one of the wards of the Hôtel Dieu, was attacked with vesical catarrh. There was always a sediment in his urine, like a thick jelly, which appeared sero-purulent. Dupuytren prescribed injections of tar water, and turpentine pills; he said a private patient of his had derived the greatest benefit from these injections. He prescribed as follows:—

A pound of tar to be infused during twelve hours in ten pounds of fountain water; to be strained and warmed before it is made use of.

This sort of infusion was yellow, like orange marmalade, and had a strong smell of resin.

Dupuytren passed an India rubber catheter into the bladder, and injected large quantities of the infusion; the catheter was immediately withdrawn, and the patient advised to retain the injection as long as possible.

A quarter of an hour afterwards the patient made water, and a great quantity of thick mucosity came away with the injection. The next day the patient was considerably better, the urine not so thick. The same treatment was continued, and in ten or twelve days the cure was complete.

Other patients, with the same complaint, have been treated, cured, or relieved, by the use of the same medication.

The following formula was used by Dupuytren, to administer turpentine of Venice internally, in vesical catarrh:—

Turpentine 3j., with a proper quantity of any powder to make 40 pills.

Ten to be taken a-day, and the number gradually increased.

NON CONGENITAL HYDROCEPHALUS. Resolutive treatment. Practical reflexions.

Hôpital dit de l'Ecole.—CLOQUET.

AN infant eight months old, weak constitution, was in good health till he was five months old; at this period he was seized with violent convulsions.

A meningitis was suspected, and the child was treated accordingly. Leeches behind the ears; cold water applied to the head, sinapisms to the feet; great relief. The child became dull, morose, and fell into a lethargic state; great agitation during sleep, sudden starts at waking, and convulsions came on occasionally. The size of the head increased remarkably. The parents took it to the hospital, and the following symptoms now exist.

Head very large; separation of the bones of the skull; the forehead very prominent; depression of the angle formed by the occipito frontalis lamina; distension and thinness of the skin covering the sutures; transparency of the fontanella; pressure on these parts causing remarkable fluctuation, great diminution of the ocular and auditory faculties, general weakness in all the limbs; the head unable to bear its own weight, falls on the shoulders, or on the chest.

With these symptoms it was easy to ascertain the existence of hydrocephalus; application of two large blisters on the head, calomel to be taken internally. This treatment was commenced only within two days; later on, we shall give its results.

The manner in which this case of hydrocephalus first shewed itself is worthy of notice. Convulsions in the first instance, but on what did these convulsions depend? Were they caused by arachnitis, as was originally supposed? This would be very difficult to decide. We are certain that convulsions often form part of the symptomatology of hydrocephalus, so that in this case the effect might have been mistaken for the cause. Boyer was of opinion that hydrocephalus was manifested shortly after birth. This state may have commenced during the intro-uterine life, so that it might be considered as congenital; such perhaps has been the case we have here related.

Revulsive medication, by the aid of blisters and calomel, may be very useful, as examples of cure by this method have been given, but the disease must not have made such progress as in the case

here stated. The cephalic paracentesis in cases of hydrocephalus, has not been renewed since the fatal experiments made by Lecat.

Having observed that the patients generally died when the *poche* was opened, either spontaneously, or by the hand of the surgeon, this operation has been quite given up in France. Boyer condemned, in the most decided terms, puncture for hydrocephalus, the same as he had done for hydrorachis; we have nevertheless seen a case of this last disease cured by several punctures made with a very small needle, so as to prevent the entrance of air in the *poche sereuse*. Could not the same plain method be pursued for certain varieties of hydrocephalus? This is no longer doubtful, for those who are aware that Graefe succeeded once in three times in curing hydrocephalus, by the use of repeated puncture cephalocentesis. If Lecat failed in this operation, it is perhaps because his plan of leaving the canula permanently, is very defective.

SCHIRROUS INDURATION of the NECK of the UTERUS. By Dr. CAZENAVE.—Amputation.—Cure.

A lady had for ten years been troubled with an affection of the womb. A surgeon having erroneously attributed the symptoms to a syphilitic affection, prescribed mercury, which induced several hematemeses, but had no advantageous effect on the womb. Other practitioners were called in, and found commencement of a disease of the neck of the womb, but as the patient would not consent to a full examination, only a few palliatives were prescribed.

Later on, the speculum was applied, the *museau de tanche* had increased in size, was rather hard, rough, and painful. There was also on the neck of the womb an erosion, which soon disappeared. Various medications were recommended, though not regularly taken. Mr. Chaumel was consulted, and ascertained the existence of a schirrous tumefaction on the neck of the uterus; he advised immediate amputation, which was declined.

M. Cazenave being called in some time afterwards, found this lady with a dark complexion, and the eyes dim: she complained of palpitation of the heart, and dumb pains in the uterus, which pains also extended to the thighs. She had severe colics, and pains in the lumbar region. There was slight effusion in the body of the uterus. This diagnostic being confirmed by the application of the speculum, it was decided that amputation of the neck of the uterus should take place.

A bivalve speculum was introduced, and the neck caught by Muzeux's long pincers, was gradually drawn outside the vulva. Other pincers were then used; but notwithstanding the repeated efforts, it was impossible to bring out the posterior lip, which was largely developed, and the incision was made in this position. The operation was difficult, but ended satisfactorily. The patient

was put into bed, she fainted, but no further accident happened and she recovered.

The separated tissues were evidently of a schirrous nature; fibro cartilaginous, larger than a hen's egg, and weighed more than ounce and a half.

We cannot too forcibly call the attention of practitioners to the necessity of using the speculum, as the best means of diagnosing all affections of the womb. M. Cazenave's reflections on this subject are very judicious. He says diseases of the body and neck of the womb are extremely common in large towns, and make considerable havoc, as females unfortunately only seek medical advice when these affections are far advanced, or because they attach importance to slight indispositions, which being symptoms of a greater evil, should attract attention.

For the last twelve months I have attended females in all stages of life, having engorgements, schirrus or cancers, sometimes confined to the neck of the womb, and sometimes invading both neck and body. Some of these patients suffered very little, although degeneration advanced rapidly; others felt acute pains when there existed only slight engorgements and superficial phlogosis, that by very simple means, and particularly a horizontal position, were speedily removed. I have lately seen two ladies in whom a copious white discharge, pains in the stomach, hips, and thighs, thick and dark complexion, pains in the lumbar region, loss of strength, had scarcely attracted the attention of their medical advisers, who were nevertheless able men; but they only thought of one of the consequences—of the shadow of the evil; in short, of the white discharge; and were surprised that their irrational prescription did not produce a cure.

Suspecting the fact, I touched the neck of the uterus; in one patient I found a hard engorgement nearly schirrous; and in the other, an ulceration as large in circumference as a sixpence. These mistakes are very common, and are productive of the most fatal results to the patient, injure the reputation of the practitioner, and are very justly, as now we are furnished with the means of feeling and seeing the diseased parts, mistakes are inexcusable.

Since we have had so many enlightened men in the ranks of science, diseases of the uterus may be cured whenever the medical attendant will take sufficient pains to ascertain in time, the nature and state of the case, and however repulsive it may be to women's feelings to submit to an exploration by the finger or speculum, yet their own good sense will lead them to do so, if it be properly shewn that such a step is indispensably requisite.

This is the opinion of all practitioners who have any experience in diseases of the womb, to which many females in large towns are victims.

M. Lisfranc takes every opportunity of insisting on this important subject, and differs entirely from those persons who consider

these diseases incurable, and leave persons afflicted with them to their fate. We have many examples to confirm us in our opinion, that uterine affections become incurable, might easily have been prevented, or their course arrested, had a proper degree of attention been paid to them at their invasion.

Practical Considerations on the spontaneous evolutions of the FŒTUS, in cases of presentation by the Shoulder, by DR. P. DUBOIS.

IN January last, M. P. Dubois made some practical observations on cases of presentation of the shoulder, in which the accouchement took place without the application of instruments.

In the majority of cases a natural accouchement is almost out of the question, when the shoulder is presented. Yet in the beginning of the labour the uterine contractions may still change the vicious position, and give a more suitable direction to expulsion of the fœtus; thus, the head may be bent, and gently pushed towards the superior strait, so as to engage it in a presentation by the summit; at other times the contractions carry their action on the inferior part of the fœtus, the head rises, and the pelvian extremities are engaged in the pelvis; in short, in a third hypothesis, the fœtus being very small, or in an advanced state of putrefaction, the head and thorax are engaged in the pelvis, and the accouchement takes place without the assistance of art, by violent uterine efforts.

These terminations do not constitute what accoucheurs have termed *spontaneous evolutions of the fœtus*. In cases in which the accouchement terminates spontaneously, which indeed seldom occurs, the first effect of uterine contractions is to press and diminish the size of the body contained in the womb. The head is bent, and the shoulder presented in the excavation of the pelvis as far as the dimensions of this canal will admit. The uterine contractions continue, the fœtus then has a slight rotation; the head, which was placed transversally on the ischion, is immediately carried towards the symphises of the pubis, and the shoulder passes under this bone. Then appear successively at the vulva the whole length of the arm, the side of the chest, the belly, the hips, and pelvian extremities; so that the trunk successively drawn towards the vulva, performs an evolution analogous to that of the head in presentations by the summit.

The mechanism of spontaneous evolution is, as we have before stated, a rare phenomena on which we can only depend in certain circumstances, and which supposes a pressure nearly always fatal to the fœtus contained in the womb.

If we consider that, in order to effect this expulsion, the amniotic fluid must have nearly passed, and that the child feels the

violence either of the efforts of the uterus, or the bony canal to be gone through, it is easily understood that in the majority of cases, the infant is lost ; so that spontaneous evolutions, if a relief to the parent, is almost invariably death to the child ; some children, however, do survive. Thus in thirty-seven cases of spontaneous evolutions related in M. Velpeau's work, seven or eight children were born alive.

There was a remarkable case of this description at the *Maternité*. A woman was brought to bed of a boy ; the presentation was natural. A second child presented the shoulder, and was engaged in the depth of the pelvis. The uterine contractions soon made it follow the movements we have already indicated, and it came in the world alive, and by the efforts of nature ; but it was very small, and the way it had to pass through had been recently traced by the first child.

The possibility of spontaneous evolutions being established, practical conclusions, which may be useful in the obstetrical art, should be drawn from it, and those circumstances in which the efforts of nature may be depended on, should be well understood, for without this precaution, the knowledge of this fact may be productive of the most fatal results.

In the beginning of a labour it is very difficult, if not impossible, to guess the cases in which the efforts of nature alone suffice to expulse a fœtus, when there is presentation by the shoulder. They can only be supposed ; the following signs for instance, may serve as guide to this knowledge.

In cases of twins, this evolution may seem possible ; when the woman is well constituted, and the child expelled is very voluminous, and the second presents the shoulder, it may reasonably be concluded that spontaneous evolution is possible ; if, however, the efforts of nature were always depended on, the mistakes would be of a most serious nature.

When the infant has long been dead, this evolution may be possible ; in these two circumstances only, we may suppose it can take place.

But when the labour is more advanced, there are circumstances which are much more conclusive. The first condition for the fœtus to be expelled is, that it should not be too voluminous ; that it should be very flexible, and that the uterine contractions should be very energetic.

When after the rupture of the membranes there is presentation by the shoulder, and the resources of art are not immediately resorted to, the uterine contractions force the shoulder as forward as possible to the pelvis, but the head remains fixed in the length of the pubis, and the majority of cases, notwithstanding the evidence of the pains, the fœtus keeps exactly the same place.

It is true that after prolonged efforts of the woman, on examination, the shoulder will be found deeper seated in the pelvis, not

use the foetus has changed place, but the parts are swelled, consequently have penetrated deeply into the pelvis. This is constantly the case, and indubitably proves that the efforts of nature will not cause expulsion, and that the assistance of art is necessary.

But when the accouchement is to be natural, the shoulder enters the excavations of the pelvis, and the arm comes down in length, and these parts draw nearer and nearer, while the contractions succeed rapidly.

These signs indicate that spontaneous evolution is possible: if the shoulder continues to descend, and that the side of the chest extends to the perineum, it may be hoped that the accouchement will terminate naturally.

It is most essential to ascertain when spontaneous evolution is possible, for by avoiding the introduction of the hand, the patient is spared violent pain, and the danger always attendant on practice.

In fact, when the foetus which presented the shoulder is pressed superior straight, and the uterine contractions do not propel forward, version must be immediately resorted to. When, on the contrary, the shoulder is pressed in the excavation of the pelvis; the arm comes out; and when, under the influence of pain, the side of the chest is presented, the labour must be left to nature, and a difficult and dangerous operation is thus avoided. This distinction is of the highest moment, for if practitioners neglect to attend to it, the consequences would be fatal.

On the use of IODIDE of IRON, by M. RICORD.

The advantageous results obtained by iodide of iron, given internally, in cases where tonics should be combined to anti-venereal action, particularly when scrofula or lymphatism complicate the affection, entitle this medicament to be classed among the most useful agents in secondary syphilis.

From the cases collected during the last two years, it may be observed that many patients who had gone through the usual treatment without deriving any benefit, and who had even grown worse, found iodide of iron greatly modify their constitution, and the impediment which prevented the disease having its regular course no longer existing, the cure is speedily effected.

But it is not only to modify the constitution, that M. Ricord recommends iodide of iron; the disorganization resulting from syphilis is removed through the influence of this therapeutical agent. A patient who, after it has been taken, ulcers on the legs, of so bad a nature as scarcely to leave a hope of cure, have rapidly cicatrized. The same observations have been made for ulcerations of the

throat, which mercurial treatment tended to increase; and we shall here notice this deplorable error of some partizans of ancient doctrines, who fancy themselves obliged to attribute to syphilis a ulcers co-existing, or developed during the course of the disease while it often happens that the lesion is produced and maintained by the use of two powerful medicines, or pretended specifics, unless they be given up.

In patients affected with diseases of the bones of the skull, the face, tibia, &c. strong doses of iodide of iron have induced the separation of the decayed portion in a much shorter time than by the use of the means generally employed. Indeed, the decay has been arrested before the effects of the therapeutical agent have been noticed.

In scrofulous, lymphatic, and weak patients, the chronic discharge of the urethra and vagina have promptly ceased under the influence of this new medication.

Without alluding to the particular indications which may result from the state of the subject, and the necessity of sometimes combining the administration of iodide of iron with bitters and antiscorbutics, the dose fixed by M. Ricord is six grains, increased gradually every two days, until the result be favourable, and we have sometimes seen as much as forty grains administered in a day.

We shall now shew the new manner of applying iodide of iron which has proved eminently successful. Administered in injections in cases of blennorrhagy; even when the disease is of long standing and particularly when there is but little pain in the urethra, it will be found a most desirable remedy.

The following cases, taken from the venereal hospital in Paris will be the best possible proof of the efficacy of this medication.

—— Ribaprey, aged twenty-one, was admitted into the hospital the 23rd of December, 1836.

Abundant urethral discharge during two months; no pain in voiding the urine.——*Injections of iodide of iron*: he went away cured the 9th of January.

—— Vallier, aged twenty-nine, entered the hospital the 6th of January, 1837.

Blennorrhagea, of six months standing; the 7th of January, injections of iodide of iron; the 9th he went away cured.

—— Ricauner, twenty-two years of age, came to the hospital the 6th of January.

Had been affected with blennorrhagia for six weeks, epididymitis during the last four days; injections of iodide of iron the 7th of January; compression of the testicles by Vigo's bandages. Cured the 9th of January.

—— Faneau, aged twenty-one, admitted the 27th December, 1836.

Blennorrhagia for a fortnight; great pain in making water.

Antiphlogistics, and copaiba unsuccessful till the 13th of January; iodide of iron; cured the 16th of January.

Jean Ville, aged twenty-five, came to the hospital the 6th of January, 1837.

Blennorrhagia, during five months, having resisted every treatment; copious discharge; the 7th of January injections of iodide of iron; cure the 10th of January.

— Vives, aged twenty-nine, entered the 3rd of January, 1837.

Blennorrhagia, of eight months standing; 4th January, injections of iodide of iron; left the 7th, cured.

Nearly all the cases are the same, and the duration of the treatment is also the same.

It is essential to observe, that iodide of iron is administered in doses of half a drachm in eight ounces of water; in one single case excepted, when two drachms in eight ounces of water were prescribed. M. Ricord employs the first formula, and seldom goes beyond the second; yet there are cases necessitating a drachm of iodide of iron to an ounce of water. However this may be, the treatment is very active, and requires to be administered with great judgment; for besides the difficulties resulting from therapeutical indications, the intensity of its action appears to vary considerably, according to the quality of iodide, and for certain doses, whether the solution be filtered or not.

In all cases of blennorrhagy, where astringent injections are indicated, iodide of iron appears to hold the first place. In general, its use is only contra-indicated by great inflammation, or pain in voiding the urine. It is, of course, understood, that all symptoms of cystitis are in the same condition.

With the exception of these circumstances, easily ascertained, complete success may be looked for, unless there be serious alteration of the canal, which in every case would require peculiar concomitant medication.

M. Ricord has remarked in the numerous patients undergoing this new treatment, that when the blennorrhagy was but slight, if there only existed a little urethral heat, and no pain, which pain would have been a contra-indication; iodide of iron administered in doses of three grains to an ounce of water, has put an end to the disease at the sixth or eighth injection.

In very few cases has it been necessary to increase the dose, which should always be done with the greatest precaution, lest as we have already stated, the results should be dangerous. Indeed it may be asserted that without being used to administer iodide of iron, it would be most injudicious to prescribe large doses.

Thus, for two individuals, apparently in the same morbid condition, the injections of iodide of iron may produce effects completely opposite.

In one case the disease disappears as if by magic; we have

given several examples of this kind. In the other case it creases rapidly, and may terminate in retention of urine, inflammation of the neck of the bladder, and of the organ itself.

Nevertheless, it must be remembered, that in certain cases must not be wholly guided by these symptoms. If the use of this medication be suspended, and after two or three days repose, and suitable treatment, all symptoms disappear, the discharge which in certain individuals was considerable, and tinged with blood, is soon transformed into a transparent secretion, which ceases without further remedy being necessary.

The above symptoms are uncommon, but would be undoubtedly produced by too great a dose of iodide being given at the commencement of the disease.

The cure is mostly obtained without pain, the patient merely feels a sort of pressure and heat in the canal. Some have pain in the urinary meatus, others suffer when voiding the urine, and by degrees all the inconveniencies above mentioned may take place.

Blennorrhagy having become chronic, whatever may be the source, as we have already observed, when the canal is not deeply altered, has given way to iodide of iron, in four, six, eight days. In this case, the administration of the medicament is to be less dreaded; the canal is less susceptible of sudden inflammation, particularly if the dose of iodide of iron be administered according to the recipe we have given; it is essential to observe that it would be often useless to attempt by local means the cure of an affection receiving all its influence from idiosyncrasy, which could only become better as the whole constitution of the individual improved.

It is because these conditions have not been appreciated, that the therapeutic has often appeared to afford such striking diversity. There is no panacea; there are good medicaments, suited to peculiar cases, but which cannot always suffice, and be adapted for every circumstance; and their combination with other ingredients may bring on results, that would have been vainly sought by using these medicaments exclusively.

The doses generally prescribed are three grains of iodide to a ounce of water. If the discharge diminishes, the same dose is continued till the cure be complete.

When the discharge does not appear modified, either in its nature or quantity, after two day's injections, the dose must be increased by fractions.

If any symptoms of excitement or pain arise, and the medication is suspended for two or three days, or more, if it be necessary to ascertain whether the continued discharge does not proceed from the powerful action of the iodide.

The patients often feel considerable pains in the urinary meatus, there is swelling and irritation, but the consequences are not likely to be serious, unless the medication be continued.

We deem it useless to renew the discussions of several authors, who consider injections as producing coarctations of the urethra; we have never found this the case, and we think that strictures of the urethra may be attributed to the cicatrix of the divers ulcerations of which this canal is the seat, or to the other pathological alterations resulting from the continued inflammation of the mucous membrane.

ANALYSIS OF BOOKS,

COMPENDIUM OF LITHOTRIPSY, or an account of the removal of the stone from the bladder, without incision; adapted for general comprehension; with a series of statistical tables, and numerous wood-cuts, representing the most important instruments and improvements up to the present time.—By HENRY BELINAYE, ESQ.

In surgery, says Civiale, to exaggerate the importance of the means employed, is to cause suspicion, and delay the progress of the art. We are quite disposed to adopt this opinion, and may say there is no department of surgery to which it is more applicable than to lithotripsy. There is a particular disposition in lithotritists always to speak of themselves and their genius: each of them claims priority to the invention of lithotripsy, or to any improvement made, each of them is always ready to proclaim his own conceptions by far the most perfect. A day will come, no doubt, when there will be a proverbium for lithotritist, as there now is for dentists. If we read Civiale, he is the sole inventor of lithotripsy; if we read Leroy Detiolles, he claims the invention; another day it is Amussat; another day Heurteloup; another day Segalas; another day Costello; and if we demonstrate by dates and facts, that they cannot have made an instrument at the time they mention, they answer boldly, that they were thinking about it.

The position in which we are placed respecting the analysis of M. Belinaye's book is very delicate, and we run the risk of being misunderstood; yet while reviewing the present work, we do not think the value of percussion, or breaking the stone by pressure may be doubted; we hastily acknowledge that the method of Dr. Heurteloup is certainly the most safe, and the best of all the lithotriptic means employed, since the discovery of breaking the stone in the bladder. But cannot this point be allowed without asserting that the operation of lithotripsy does no harm, is attended with no inconvenience, no uncertainty? If we were to believe blindly the authors of books on lithotripsy, we should be induced to consider a sitting of lithotripsy as a treat!

“A gentleman,” says M. Belinaye, “who had the stone five times, and who submitted once to lithotomy, and four times to lithotripsy, said, “that he preferred a sitting of lithotripsy to one at the Dentists!!”

“To show how readily the lithotrite acts upon, and, removes a small stone, a case has fallen beneath our notice lately, where the patient after a minute’s endurance of the instrument, felt so little sensation, and its magic was so rapid, that his mind became possessed by an opinion, that the whole affair was a mere jugglery, of which he had been the dupe.”

We were not indeed prepared for such candour; but putting aside all the curious reflexions that some passages, like the above quoted, lead us to make, we may be allowed to say, that lithotripsy is not in want of those puerile assertions, which injure the beautiful discovery and application of Dr. Heurteloup’s percussion, instead of serving it.

We shall not follow the author in the history of lithotripsy, but confine our sketch to the different instruments of the principal lithotritist.

M. Civiale, says M. Belinaye, combining together the forceps of Alphonse Ferri, improved by M. Le Roy, with the “chevalet” (hand-vice) proposed by the latter surgeon, adapted them ingeniously, so as to seize the stone more readily in the bladder. He next introduced into the forceps, a trepan analogous to that of Gruithuisen, but with a termination more voluminous. He thus took hold of stones in the bladder and perforated them till, by repeated attacks, they broke to pieces. Each of these pieces he afterwards took up, to submit them again to the action of his perforator, until they were reduced to sufficiently small portions to be voided by the natural passages.

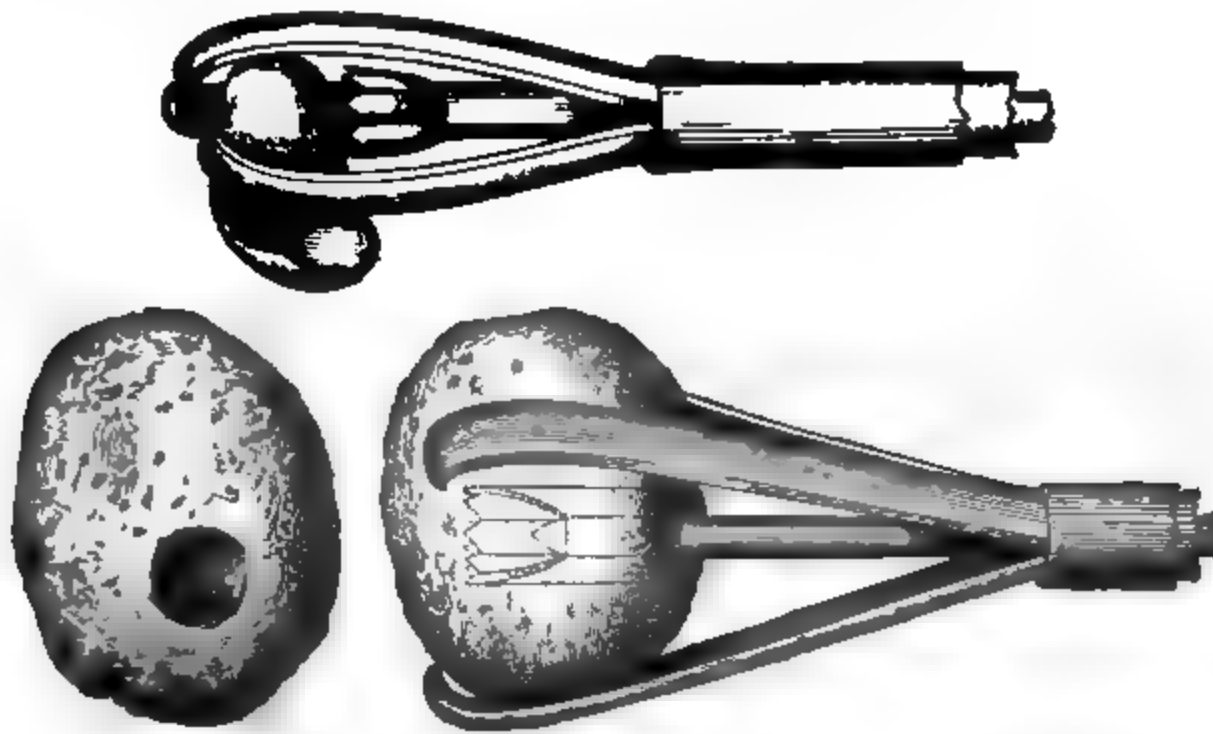
The stone being seized in the cavity of the organ by the forceps, the little chevalet, or handvice, is fixed; and by means of a drill-bow applied to the pulley, the perforator is impelled into a rotatory motion and the stone is drilled.

With this instrument M. Civiale met with positive success in the treatment of patients, but further experience in practice taught that although these means were applicable in some cases, they were far from sufficiently responding to the object in view.

It was found that much labour and research were still required by science, before the art of curing calculus by mechanical means, and without incision, could be numbered amidst its most important discoveries. Some of the principal objections were:—that each time a hole was made in the stone with this instrument, it was necessary, in order to renew its action, to let it go and take it up again:—this was a source of suffering to the patient. In addition, the drill tended constantly, of course, to re-enter a hole previously made, and thus baffled the efforts to bring the perforator into action upon some unbroken surface of the stone. Besides this, the instrument was not calculated to take hold of flat calculi, and seized with difficulty those of an oval form;—irregular fragments were also very unfavorable to its action. When the branches were pushed out considerably,

in order to have a sufficient degree of expansion, their hook-formed extremities were liable to come in contact with, and sometimes lay hold of, the coats of the bladder when its surface was uneven. To this might be added that the apparatus being held by an assistant whilst the operator plied the drill-bow, the instrument was necessarily shaken, and the patient put to great pain by the occasional jerks arising from the consequent absence of steadiness and immobility in the supporter. Hence it followed that, although this instrument was successful in cases where a small and round stone was to be encountered, it was not advantageously applicable to patients troubled with stones of a flattened shape—with voluminous calculi, or where the bladder was irregular in its shape.

These imperfections will become evident by observing the following two wood-cuts,



We are not sure that the reproach made to Civiale's instruments will be considered as very important; we put the objections made by M. Bellinaye without commentary.

The instrument of Jacobson consists of a canula, within which are two stems of metal; when closed, it resembles a catheter. One of these stems (the upper one) is immoveably fixed; the lower one is moveable on the former, and has two joints at its curved extremity. Such being the form of the instrument, it will be readily understood that when the screw-like termination of the lower moveable stem is pushed forwards, its curved extremity moves out on its hinges and forms a loop. In this loop, Dr. Jacobson intended the stone to be caught and then crushed against the immoveable stem by means of the fly-nut, which, when turned from left to right, advances upon the screw extremity, and draws in the moveable stem, closing the loop formed by the articulated termination holding the stone.

We have not been able to find any record of cures effected through the medium of this clever instrument, and should think that calculi of any size would be with difficulty laid hold of, and that it would be still more difficult to accomplish the extraction of the last fragments. It has the great defect of becoming clogged up with detritus which adheres to it, and

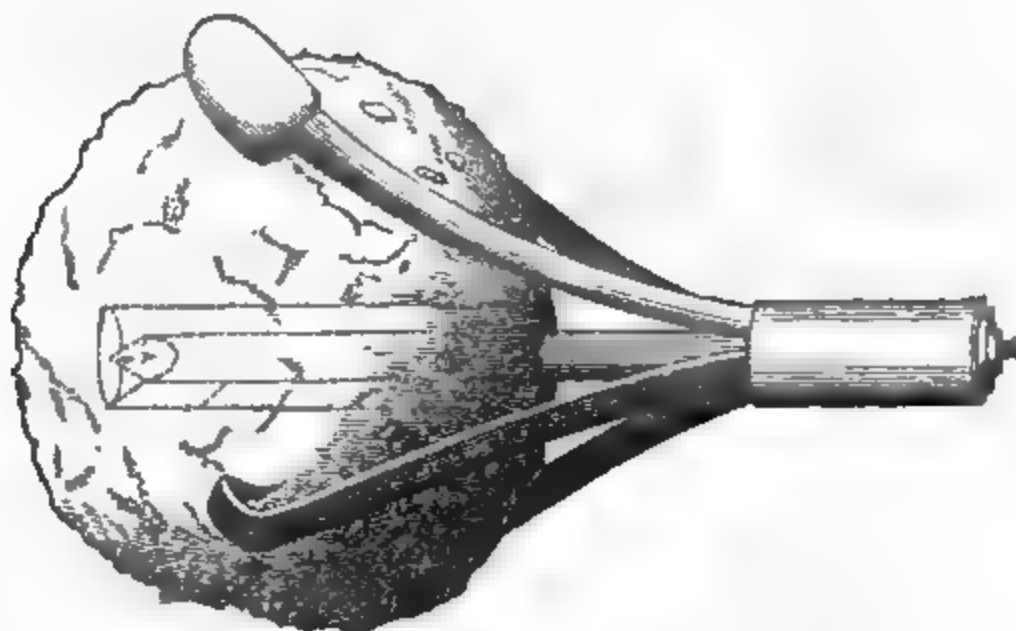
becomes harder in proportion as it is more violently compressed. Under such circumstances, which would prevent its being completely closed, could only be withdrawn by stretching beyond prescribed limits, or tearing the urethra. It is very fragile.



After having presented and disapproved of Leroy's, Civiale's, Jacobson's instruments, M. Belinaye continues his sketch, says—

Baron Heurteloup devoted his attention to devise the most advantageous means of pulverizing the stone. His first idea was to construct an instrument by means of which, when the stone was once caught, it could be excavated—and only leave in the bladder, after its action, the external surface of the calculus, in the form of a shell, and of course, the quantity of powder produced by the excavation.

To effect this he commenced by devising a peculiar instrument bearing four branches, susceptible of being moved separately or together, at pleasure. When once the stone was caught by the *simultaneous* action of the branches, they could afterwards be moved *separately*, and so be applied firmly to the stone, whatever its irregularity might be, and offer it four points of support. We will now describe the manner in which this was effected.



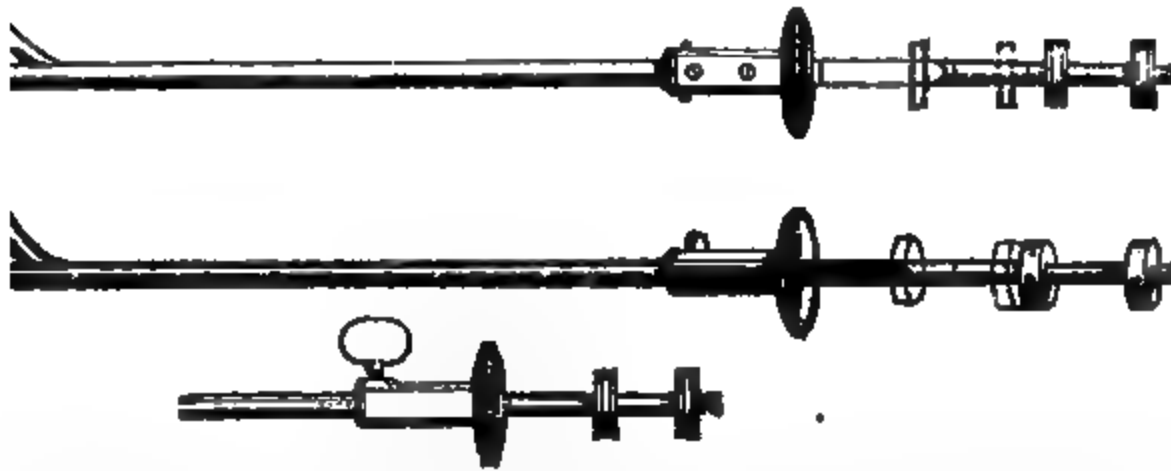
When we compare this wood cut with that of Civiale's, it is impossible not to find that the objections made to the first instrument are applicable, in a great part, to this four branched one, and Baron Heurteloup was perfectly aware of its defects when he sought for a new instrument. We shall not now speak of the *brise coque* which is but a modification of Amussat's instrument, and which may be really useful.

Progressing every day by the result of practice and meditation, Dr. Heurteloup thought that stones might be pulverized in

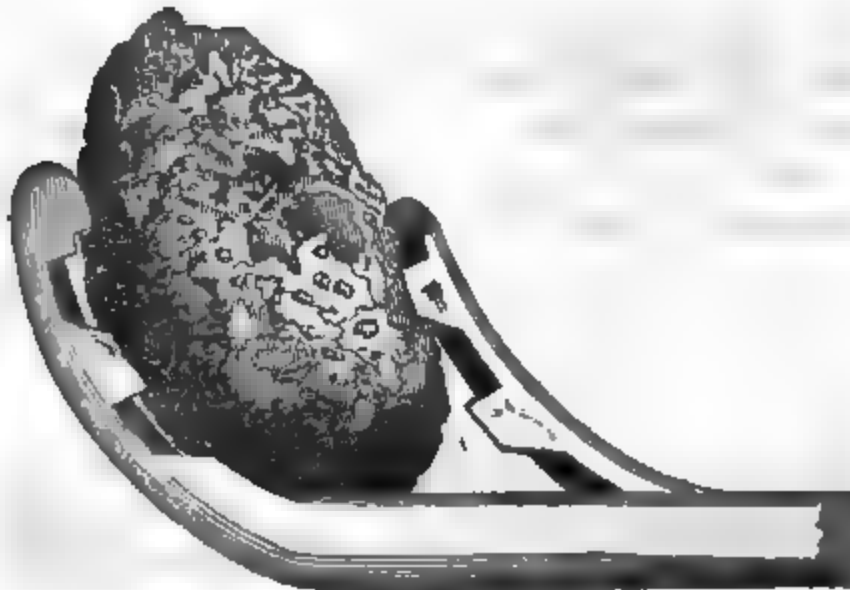
bladder by the most immediate energetic means, as for
le by the brute force of a hammer.

arrive at a satisfactory result" says "M. Belinaye, he began by
ig within his own mind, what was the essential character of per-
? He found that it consisted in the instantaneous approximation,
succession, of two planes: of which one was moveable, the other
able—approximation which tended to comminute rapidly the body
ed. He saw likewise that the more the planes were extended in
and breadth, the more the pulverization of the body interposed
them would be effectual. It was in these two principles that he
the basis of the instrument which he constructed to pulverise the
y percussion, and which he named "percuteur" (percussor.)

Baron Heurteloup's Percuteur, (percussor.)



established it in two planes which are formed by the two curves seen
above figure. As it was necessary that they should approach one
r when in the bladder, the instrument is so devised, that each of
urved planes are continued into a straight stem, which was rendered
usable by the necessity of passing the instrument through the urethra.
erefore seen that the *percussor* like the *recto-curvilinear sound* is
of a straight and a curved portion; and that the two parts separate
ne another on drawing back that stem with which the moveable
is connected. The following design shews the stone interposed
t the two separate planes.



Of course it follows that if the plane which is at the extremity of the instrument is immovable, the stone must be crushed when the moveable plane is impelled upon it by sufficient percussion. The blows of the hammer separate the layers that form the stone and make it fall to pieces for reasons given in a former chapter.

From this it likewise results, that the great object is to give an absolute immobility to the posterior plane, and this is effected by means of the rectangular bed, and of the "fixed point" or support before described;—so effectually is this accomplished, that many patients do not express even the least sensation of pain during the percussion.

Some inconvenience arising from the teeth of the instrument, Dr. Heurteloup thought not only to improve his own, but to take advantage of all the useful modifications of others, so that the method might be complete.

We shall not follow M. Belinaye, who led on by the honorable feeling of friendship, or of admiration towards our countryman, says that he finds in England nothing but men who have *shed light or ink* like himself. We think that M. M. Costello, King, and others, deserve a little more notice. We are sorry not to find a word on Mr. Aston Key's instrument; who trying to diminish the number of sittings, envelops the stone in a net, and by so doing, prevents the fragments spreading, so that they are broken and re-broken till they are small enough to pass through the urethra. We think that an historian of lithotripsy ought at least to pay Mr. Aston Key the compliment of mentioning his modification or improvement.

The wood cuts of this work are very numerous; our readers can judge of their merit by those we have inserted.

Placed in a very delicate position as to flattering our countrymen, or to be silent, we have chosen to be severe on the historian; but our severity falls only on the great affection M. Belinaye displays towards his master in lithotripsy.

On the whole, we are disposed to recommend the perusal of M. Belinaye's work to our readers, convinced that being perfectly acquainted with Dr. Heurteloup's method (which is incontestibly the best, and which, as well as Mr. Aston Key's, rejects no modification) they will be able to perform an operation which will every day become more satisfactory both to patients and practitioners. To conclude we shall merely observe that discovery and scientific progress of the nature of that of Dr. Heurteloup, (to use a common expression,) necessitates no puffing.

VARIETIES.

PARIS AND LONDON.

is.— If the discussion that has just taken place at the Academy of Medicine, on the treatment of typhus fever, has produced any real result, for any of the stated methods, it has at least put thousands of each of these methods in a situation to prove their

Yet it does not appear to us that Mr. Bouillaud picked up the lancet, thrown to him by Mr. Andral, and takes advantage of frequent opportunities occurring at *the hôpital de la Charité* for the treatment of typhoid fever by repeated bleeding.

We find an account of several cases treated by this method, but no observations were made in 1836. The professors and phy-

sicians at the hospitals, seem in no hurry to make trial of Mr. Bouillaud's formula; on the contrary, we observe that several practitioners rather prefer the purgative method. The striking influence of the Broussais system, whose repeated blood letting is but a modifi-

cation, appears to diminish daily, and unless an atmospheric and constitutional constitution comes to assist the physiologism, it is only to be feared for M. M. Broussais and Bouillaud, that they will have to witness the fall of the medical reign of their

. . . The masters or the fathers of this doctrine and most parti-

Mr. Broussais must be deeply impressed with the conviction that public opinion is receding from them, or they would not give so much vehemence to maintain its influence, nor forget themselves as to resort to sarcasm, and to elect pupils from the benches as the result of a high debate.

The question of typhus fever gave rise to a discussion on the merits of the numerical method. M. M. Risuenod, 'Amador, Dubois, and Piorry spoke. M. Dubois answered M. Louis, who may be considered as the representative of the numerical method.

Dubois supported the calculation of probabilities as being a kind of positive induction; he nevertheless pointed out the danger of the empiricism of figures. In his opinion medical statistics are nothing but good sense founded on calculation. The sensible practitioner, though to be guided by a statistic, does not necessarily adopt all the results that occur, *non numeranda sed ponderanda sunt*, and it is undoubtedly more by the value of facts than from their number, that judgment should be formed. The science of medicine would be very dry if it were merely necessary to draw up bills, and say typhus treated by the *methode expectante* gives one death in three; by the antiphlogistic method, one in four: the method by repeated bleeding, one in five; the method with cathartic, one in ten: therefore the best named method must always be resorted to; unhappily, however, diseases do not admit of these classifications. It must nevertheless be concluded from these discussions that statistics may be useful in furnishing particulars: they are probabilities to which much importance must not be granted, and which should not be taken as conclusive.

LONDON.—In the London Medical Society the subjects of discussion were fits in epilepsy, hysteria, or chorea. M. Whitmore said he used absinthum in epilepsy and hysteria with great benefit; he related two striking cases of epilepsy in which the fits had been suppressed for many months; it was administered in ʒj. three times a day in water; in severe neuralgia, and in chorea, Mr. Whitmore found it decidedly beneficial.

At the Westminster Medical Society, Mr. Costello presented a patient who had been treated by scarification for chronic prostatitis, an operation which holds out great hopes of success not only in the hands of the author, but also in those of others. Dr. James Johns related a case tending to show with what impunity some medicine may be taken for a very long time, and in considerable doses: he had lately attended a lady whose husband was blackened by nitrate of silver. This gentleman is now seventy years of age; five or twenty years ago, he was subject to epilepsy of long standing and of a violent nature; nitrate of silver was given in doses of half a grain twice a day, under the direction of Dr. Currie. The dose was gradually increased: during the treatment, Dr. Currie died; and either from not being aware of the power of this remedy, or omitting to make it known to his patient, the medicine was continued for three years. The epileptic attacks however became less violent, and less frequent until they entirely ceased. The maximum dose amounted to eighteen grains in the day, and this dose was taken for a whole year. At the end of the third year he perceived his colour change, but since that time he has had no return of the fits.

General attention seems to have been lately drawn to the exclusion of medical practitioners, and it is thought advisable to check this growing evil, by not allowing the entrance into the profession, to be made more easy. But of what avail will this be, while unlicensed individuals are allowed to practise? Were there fewer men legally qualified, there would perhaps be a still larger number of quacks; however this may be, the latter could scarcely meet with great encouragement either from government or private families.

Young men, eager to enter into a profession which they suppose to be an easy and a lucrative one, should give their attention to the public opinion, and be prepared to encounter difficulties and disappointments. They must expect to labour many years without deriving any benefit from their toils, and unless enabled by their private fortune to wait patiently until their talents and perseverance are crowned with success, there is every prospect of discomfort and misery before them; which discomfort and misery must be borne with an air of prosperity.

The competition existing in England among medical men, exists also in France, and we believe in every country in Europe. It could be diminished abroad by making study more expensive, but for the reasons we have already given, there seems to be no remedy for it in England.

SELECTIONS FROM ENGLISH JOURNALS.

WE feel that, in order to justify our title of "Continental and British," we had not in our first number given a sufficient share to British practical productions.

We give enough of our own, or of translation, or of condensation, to admit our taking from other contemporaries.

We feel gratified when we see our articles copied and quoted. We shall pay to our contemporaries the same compliment, without any party spirit. We think with Dr. Hodgkin, that the temple of science is erected on neutral territory, to which no age or nation can lay a peculiar claim. Our object, we repeat, is to collect any thing of practical utility; *so that our journal will contain the best part of French and English periodicals.*

We set aside all discussions of interested persons, or of mere theory, to devote our pages, and the time left to us by our daily practice, to practical facts.

The manner in which the French and English profession have received our journal, and the number of copies sent to Paris, makes us believe that our little review will become a link between the profession of the two countries, and a good channel for the publicity of the productions of both; and we shall spare no trouble nor expence to merit the approbation of our English and French readers.

On Tumours at the basis of the Brain, by DR. BRIGHT.

IT has occurred to me, within a few years, to witness the symptoms, and to a certain extent, to watch the progress of two cases, in each of which a tumour had developed itself within the cranium, nearly at the same point; and in which there has been so great a resemblance in the symptoms as to confirm the feelings which I always entertain, and wish to enforce—that, in disease, as in other matters, there is a fixed relation, which it is possible we may discover between cause and effect;—a belief which is indeed essential, in order to render our investigations on the subject of diagnosis satisfactory and interesting. Of course, various circumstances always exist, which serve to modify, or to form a part of the cause on which certain effects or symptoms depend: and hence arises that difficulty which has induced some almost to doubt the possibility of forming other than a general and indefinite diagnosis in many diseases, particularly those in which the nervous system is implicated. The only way to overcome this acknowledged difficulty, as regards disease con-

nected with organic change, is, to increase the number of authentic cases in which symptoms and morbid appearances are faithfully detailed.

In each of the following cases, a tumour has been found just beneath the tentorium, in contact with, or actually attached to, the petrous portion of the temporal bone, and pressing aside the pons Varolii. This is a part which seems peculiarly liable to injury, owing to the delicate structures in the neighbourhood, and to the proximity of the internal organ of the ear: besides which, the weight of the head is concentrated near this part, so that fractures of the basis not unfrequently pass direct through the portion of the bone which bounds this region of the brain, and when a less degree of violence is done to the parts, it is still probable that the ground-work may be laid for such organic changes as will be exhibited in the two cases which I am now about to detail.

CASE I.—In November, 1831, I was sent for to Woolwich, to see an officer, a tall athletic man, aged forty-eight, who, after being many years in active foreign service, had returned home in 1817. He married in 1825, and had a family. In 1826, he suffered severely from sciatica in the right hip, which he had injured some years before, by a fall from a horse. This was cured by carbonate of iron; and he afterwards enjoyed an excellent state of health, till the autumn of 1829, when, being again engaged in foreign service, he began to experience an attack of periodical pain over the left eye, exactly in the superorbital notch. This pain used to return about dinner-time, daily; and was always put a stop to before he had half finished his meal. At this time he met with a very severe accident; and was taken up stunned and senseless. He was bled; and after some hours, recovered; but his recollection was, for a day or two, so defective, that he frequently asked what service they were engaged in, and what they were doing; and it was with great difficulty these points could be explained to him. However, in a short time he was tolerably restored; though he never regained the state of health he had enjoyed before his fall, frequently complaining of pains in his head, and of some weakness in his right leg.

About Christmas, he had a severe attack of bilious vomiting; after which, the pains in his head, and over the right eye, were worse, and more frequent; and he experienced, occasionally, a temporary loss of sight, coming over him like a cloud, and lasting for some minutes; then passing off, and not being followed by any remarkable increase of the headach. After some weeks of suffering, the intermittent pain over the left eye was completely removed in a single day, by taking three doses of sulphate of quinine in rapid succession, two or three hours before the expected diurnal attack; and it never afterwards returned. In June, 1830, he had another attack of bilious vomiting, of great severity, which, however, passed off so quickly, that the following day he was able to resume all his duties; but shortly afterwards he discovered, one morning, that the sight of the left eye was completely gone. The sight of the right eye also became imperfect; the weakness of the right leg increased, and the left leg also began to lose power. In 1831, when he returned home, the sight of one eye was entirely lost; and with the other it was only by great effort, and by changing the field of vision often, that he could discover the features of any one with whom he conversed. The hearing

the right ear was tolerably perfect; but he had for many years, lost the hearing of the left, from the shock of a gun firing. He likewise complained much of pain darting through his head; which was relieved by cupping, blistering, and tartar-emetic ointment.

At my first visit, on the 8th of November, 1831, I found him sitting in his chair by his fire-side, with his eyes closed, perfectly unconscious of surrounding objects; so that I conversed with those in the room just as if he had not been present. His wife made him understand, by speaking close to his ear, that Dr. Parker, the physician who had been in constant attendance upon him, had called; and after a few words had passed between them, I was told that I might now feel his pulse, or examine his eyes, or do what I pleased, as he would suppose it was only the friend to whom he was accustomed: nor had he the slightest knowledge of my having been present, although I remained with him nearly an hour, during which incessant conversation was going on. When after much trouble, by writing words on his hand, and by calling in his ear, and by other means, he was led to comprehend; he answered distinctly, and without hesitation, but in the high-raised and ill-modulated voice which is usually observed in deaf people. His intellect seemed unimpaired. He was able to stand; but, partly from the weakness of his lower extremities, and still more from the timidity arising from his blindness, he could not move without support; and when he attempted to walk, it was with a short, feeble, tottering step. He had no incontinence of urine, although that had occasionally appeared some weeks before: he had never passed his *fæces* unconsciously, but once or twice there had scarcely been time to prevent an accident of that kind. His sleep was tranquil, and not too heavy; nor did he appear more drowsy than might be expected in a person deprived of sight and hearing. His appetite was good, and had sometimes been excessive. I learnt that, about a week before, he had experienced a fit, in which he had become insensible for a time, and his countenance suffused, but without convulsion. There was a certain inequality and irregularity in his power of hearing; so that at times he could catch sounds, even slight, but not with sufficient distinctness to connect meanings with the words; nor could he be made to understand, even the loudest voice.

There was no room to doubt that organic mischief was established within the skull; and all I recommended was, medicine to regulate the action of the bowels, and a few grains of the subcarbonate of ammonia with compound infusion of gentian: his diet to be very plain, and no wine.

November 29th.—I again saw him: he seemed more alert, and could hear a little better, so that he had once or twice distinguished that the drum or bugle was sounding, and he heard the voices of his children; and although it was a very laborious operation, yet it was possible to make him hear certain words; and, by the occasional assistance of tracing on his hand words which no effort could make him hear, he was led to comprehend whole sentences; and he then answered correctly, and seemed fully aware of every thing. In this way, his wife, who attended him with most indefatigable care, was able to keep him informed of all that was going on; reading to him the newspapers, in some of the contents of which, particularly as referring to the cholera, then raging at Sunderland,

he took great interest. He had sometimes spoken of a very peculiar sensation in his head, attended with a sound as if grease had been thrown into the fire, making a whizzing noise and then dying away, whilst at the same time a flash of light passed over his eyes. With regard to his sight, that also had experienced some occasional improvement; so that the day before our visit he had said that he could see his whole hand. He was likewise strong on his legs, for with support, he could walk three quarters of a mile. His pulse varied from 70 to 75: his appetite was good, and his sleep calm: his bowels easily acted upon by his medicine. He was ordered to continue his present remedies as long as they seemed to agree, and afterwards to make trial of the arsenical solution, and to begin at once with a succession of blisters at the nape of the neck and behind his ears. A short time after, a seton was introduced into the nape of his neck.

I afterwards received occasional reports, by which I learnt that the symptoms gradually increased, the sight and hearing becoming, if possible, worse, the paralysis of the lower extremities more confirmed, the bladder and rectum less under control, and the mental faculties weakened. I had not, however, an opportunity of seeing him till the 14th of November, 1832, nearly a year having elapsed since my last visit. He was now lying on his bed, greatly emaciated, propped up by pillows, with his eyes closed, his hands under the bed clothes, and his knees bent up. His wife was feeding him with meat, finely minced, and mixed with potatoes: she was obliged to rouse him frequently, to make him take his food; and he then continued to open and close his teeth gently, till he fell asleep, while the meal still remained partly in his mouth. He had no difficulty or choking in deglutition; but for some months he had not seemed to prefer one article of food to another, and he sipped the most nauseous medicine with as much apparent unconcern as he did wine or any pleasant beverage. I understood that he was subject to some changes, and particularly to more or less drowsy days, and this was one of his bad days. About a month before, he had signified some dislike to medicine, which was considered a sign of improvement; but it soon passed away again, and he now seemed sensible of no difference in the taste of what was put into his mouth. He was quite unconscious of the presence of strangers, and of all that was going on around him. He seemed in a kind of slumber, except when he moved his mouth to eat, or expressed pain, which he did by drawing up his features when the dressings were removed from his foot, upon which two or three oval ulcers had taken place. I learnt that he was generally taken up about one o'clock, and used to sit in his chair till seven o'clock, when he was again put into bed; but he had lost all power of standing, and, although he was perhaps conscious of the calls of nature, he gave no intimation of his wants. He occasionally expressed distinctly severe headach and a pain over the right eye. I doubt whether the pupils acted at all: the right was rather the larger of the two. He was never observed to be convulsed. Latterly, a few blisters had been applied to the vertex, but it was quite obvious that no relief could be afforded him.

From this time, till his death, which happened on the 27th of December, I did not see him; but I heard that his helplessness had be-

e and more complete; that he was subject to frequent most perspirations; that the fæces and urine often passed uncon- at the very moment he was taking food; and that the sloughs e for some time forming upon his sacrum had grown rapidly witnessed the examination, which took place two days after he presence of Mr. Harris, Mr. Bossy, and his brother, and one er medical men.

cadaveris.—The scalp rather more bloodless than usual. The hard and solid, and somewhat uneven in its thickness: on each e sagittal suture internally, but particularly on the left, it had p, irregular cavities, which had been filled with corresponding enlarged glandulæ Pacchioni, which seemed to have almost the skull in some parts, so that only the external table re- The dura mater was not very vascular; but the projection of ular bodies, on each side of the longitudinal sinus, was remark- hat, at first, they suggested the idea of small cerebriform fun- ours. A small bony plate also, about half an inch in length, the angle of the falx. The longitudinal sinus was quite natural. mater adhered very firmly to the arachnoid, at those parts where s were so large; and when it was removed, the arachnoid in the : neighbourhood was white and opaque. The arachnoid was not nor unnaturally adherent to the brain. There was no serum :neath it. The depth between the two hemispheres of the cere- small, owing to a considerable elevation of the corpus callosum. al substance of the brain was natural, but rather deficient in ints.

of of the ventricles was raised high by clear fluid, of which about es were collected, both the posterior and the anterior portions of les being distended; but the accumulation appeared greatest in or. A few large vessels, ramified on the internal surfaces of the , the corpora striata, and the optic thalami, seemed flattened; eptum lucidum was much thicker and firmer than natural. The lexis, on each side, was exsanguine, and contained several from the size of a pin's head to that of a pea. The velum inter- ras also exsanguine.

tempting to remove the brain from the basis of the skull, it was t the anterior portion of the cerebellum, on the left side, dege- to a tumour, and adhered so firmly, that it could not be de- ithout a scalpel, or employing considerable force, from the orition of the temporal bone. The structure of this tumour was rd and unyielding, but in some parts softer; and the nervus s, or fifth nerve, was seen passing over it, flattened and broad; ie tumour simply adhere, but the bone had become carious, and by it, so that a softened cavity occupied a large portion of the dge, extending towards the sella turcica.

cond case bore considerable analogy to this, both in the seat of n and the character of the symptoms.—*Guy's Hospital Reports*.

On the free Laceration of the Capsule in cases of Soft Cataract,

By RICHARD MIDDLEMORE, Esq. Surgeon to the Birmingham Eye Infirmary,

IN some of my former operations for soft cataract occurring in children, whether I attempted its cure by the anterior or posterior operation of solution I had the mortification to find that, after having operated on one or two occasions, I had eventually to deal with a more troublesome condition of disease than that I had originally essayed to cure. As, since that period, I have several times conversed with surgeons residing in the neighbourhood of the town in which I practise, who have been disappointed in precisely the same manner, I trust I shall not be considered to be uselessly occupying the time of some of my readers, whilst pointing out the source of failure. For, it will not be denied, that many readers who may not be particularly impressed with the importance of a point of surgical practice, if explained as one of the multitude of parts of a subject in an elaborate treatise, may have their attention at once arrested by a brief notice respecting it if submitted to their attention in a medical journal; for there is, at least, a *prima facie* importance connected with it in the fact of its being selected for particular discussion. Every candid surgeon will join me in declaring, that in spite of his closest observation and most careful reading, he will be liable to commit some errors in his earlier operations, which experience, it is true, soon corrects, but which he has still *once* committed, and only corrected by having inflicted, as the consequence of his error, a greater or less degree of injury upon one or other of those who have fully confided in his skill and judgment. If this be admitted, it will surely be right for him to suppose that the errors he has himself committed, after having addressed his best attention to the study of his profession, are liable to be committed by others; and, to prevent this, as far as possible, he is, as it appears to me, bound to declare his opinions on those subjects on which experience has furnished knowledge, even though that declaration involve the admission of former error and ignorance.

Cataract occurring in young persons is now generally treated by the anterior or posterior operation of solution. In performing both these operations we are very properly directed to destroy the anterior capsule to an extent at least equal to the size of the natural pupil; but I am convinced that this important practical direction is by no means sufficiently attended to. In the operation of Keratonyxis, especially, from the difficulty of moving the needle about in a texture like that of the cornea, without causing the escape of the aqueous humour; the capsule is sometimes merely divided, a portion of the cataract escapes into the chambers of the eye; and, perhaps also, a small quantity of the lens is interposed between the lips of the incision. So also in the posterior operation of solution, the needle having perhaps passed through the lens towards its margin, is indeed pushed through the anterior capsule if that membrane be healthy, but if unusually thick and tough it may be raised upon, and pushed before its point, but in depressing its point it will but too often, I fear, pass nearly through the same aperture into the substance of the lens where it

is moved about with much apparent, but little really useful, effect. Now, in such cases, what is the result of these proceedings? The wound in the capsule heals very rapidly if no portion of the lens be interposed between its edges, and there is scarcely any vestige of the puncture, but if any portion of the lens protrude through the opening it is gradually absorbed, and there remains an opacity of the capsule of a greater or less extent. The capsule being not at all, or only very slightly opaque, proceeds to the absorption of the lens, which it generally accomplishes; it then becomes opaque, its two layers meet or they become united, and constitute a thick, tough, opaque texture, which is indeed worse than the original disease. Sometimes, when the posterior operation of solution has been performed, the injury to the capsule may have been more extensive than I have hitherto stated, but still not sufficient to discharge the whole of its contents, nor to destroy its opacity until it has absorbed the whole of the lens, when, having become inflamed, it secretes a lymphatic matter, by means of which the iris, the capsules, and an intervening mass of lymph are united, and remain as a future obstacle to vision. If the anterior operation of solution be performed, the anterior hemisphere of the capsule merely is wounded, and the removal from the pupil of the anterior capsule and the opaque lens is sufficient to secure the restoration of sight under ordinary circumstances; but, in the posterior operation of solution, the ciliary margin of the posterior hemisphere of the capsule may be punctured, and even though the lens be absorbed and the anterior capsule destroyed or retracted, still the patient may require another operation for the removal of a posterior capsular cataract. If the texture of the capsule were endowed with a great power of retraction,* and if small, clearly-incised wounds of its texture did not readily heal, I admit that its puncture would be sufficient to expose the front surface of the lens, and my object in calling the attention of junior practitioners to the necessity of a free destruction, (but not so free as to cause the dislocation of the lens,) of the anterior capsule at the first operation is, to prevent the occurrence of that form of disease in which the two layers of the capsule are found to have met or even become united, to have formed adhesions to the iris, and to constitute an obstacle to vision which nothing short of extraction can entirely remove. The capsule of the lens possesses the power of absorption in a very active degree so long as it remains transparent, but, as soon as it becomes opaque, it ceases either to absorb or secrete, but whether in its transparent or opaque condition it is seldom much acted upon

* There can be no doubt but that the anterior capsule retains its figure mainly by virtue of its own power and character of texture, and not by virtue of any support it derives from its adaption to the convex figure of its contents. Even after the absorption of the lens, when the capsule becomes opaque, its corneal surface is more or less convex, and its lenticular aspect concave, unless its texture has been punctured or its points of support elongated, relaxed, or destroyed. To this condition of things, there is an exception, where the posterior capsule remains fixed, the anterior capsule applies itself to the diminishing lens, when that opaque body being wholly removed, the two serous surfaces, (their power of secretion being nearly or wholly destroyed,) not being kept apart by the liquor Morgagni or any intervening body, are in close contact, and appear as one membrane. Sometimes, indeed, they are united by an organised medium: More commonly, however, the two layers of the capsule approach each other, as the lens is absorbed, each membrane sacrificing a little of its convexity, until they are nearly in contact:

by the absorbents; hence it happens that when the lens with its capsule is dislocated, it remains little or not at all affected by the absorbent process, and very generally excites a degree of irritation which renders its extraction advisable.

The following case, which occurred many years ago, illustrates the error of practice which I have been endeavouring to describe:—

Robert Smith, æt. 10, has soft lenticular cataract. The capsule is apparently transparent, the iris slightly convex, and the pupil sluggish in its movements. I operated upon this eye by passing a fine needle through the cornea near its margin, and though the capsule was not so freely lacerated as it ought to have been, a portion of the lens escaped into the aqueous humour; and on the following day, a little of it adhered to the wound in the capsule. In about six weeks the anterior chamber became clear, and the capsule had become opaque.* I operated a second time, but on this occasion I passed the needle through the sclerotica; the instrument penetrated a tough membrane, (proving that, in the space of time, intervening between my first and second operations, that is two months, the lens had been absorbed,) but would not enable me to separate it from the iris or at all freely divide it, although in making the attempt, I pulled the iris backwards so as to resemble a funnel. The disease still remains, and although I could readily extract it through a small incision in the cornea, the parents of the child, and the lad himself, (whom fear has rendered persuasively eloquent with his friends,) having perceived how little benefit followed my former proceedings, are unwilling to permit any further attempt to restore his sight. The white membrane which now remains, and which effectually obstructs his sight, is a little larger than the pupil, slightly convex on its surface, and adherent at one or two points to the iris.—*Annals of Medicine*.

On the application of Solid Nitras Argenti in the Gonorrhœa of Women,

By ALEX. J. HANNAY, M.D.

GONORRHOEA in the female is commonly said to be a very curable disease. It is certainly much more so than in the male; but on practical investigation of this disease, I found that it was not so curable as has been supposed—at least by the means commonly used. I tried every form and combination of astringents, particularly that of alum and zinc; half an ounce of each in a pound of boiling water was my common injection. This occasionally effected a cure in eight or ten days; but for one case in which this took place in the time specified, ten resisted the treatment for three or four weeks. The records of Lock Hospitals bear this out to the full; and cases so treated often returned on leaving off the remedy. I had no better success from the solutions of the nitrate of silver; they were indeed, generally less effectual than the other; besides the method of injection is apt to be so irregularly pursued by the thoughtless characters in Lock Hospitals, that it will seldom be carried into complete and proper execution. It is a

* This always happens when the lens is wholly absorbed.

on boast of such persons how little they have regarded the injunction practitioner in this particular. I know one case where a woman the alum and zinc injection just twice in nineteen days, whilst the ioner fancied she was using it three or four times daily. It becomes portance—of the utmost importance—that the treatment in case of Hospitals be of such a kind as that the practitioner can either administer it himself, or be assured that it be done. The remedy to be used has this great merit; and if it had not half the efficacy which I have it to have, it would surpass all others on that account in the institution above named. I had long tried in vain, and I repeat, had found useless, the injections of an astringent kind.

I have noticed that some cases of gonorrhœa, with ulceration in the urethra, and to which I had freely applied the nitras argenti, stopped in an extraordinarily short period, I determined to select a few cases of uncatarrhal gonorrhœa for trial. I accordingly did so, and found the result to be very striking. I have repeatedly seen the discharge cease, and to return, in twenty-four hours. On the day after the application, I have often seen it changed in character, that is, lose its purulent form, and clear in twenty-four hours more. The discharge changes from the purulent to a thinner clearer fluid, and ceases, I say in twenty-four hours after, simply by using a weak solution of acet. plumbi., or only tepid water as a wash. I have kept such cases repeatedly under my eye for a long time, and can declare that in the proportion of 95 in 100 there was no return of the discharge; yet no remedy had been employed after the nitrate. In some few cases there is a little pain produced, yet in by far the greatest number of instances no pain is experienced from the introduction of the most free application of the caustic. It is painful, it is true, when it is applied to sores on the labia or more internal parts, but that smarting soon goes off, or, at all events, an anodyne instantly relieves it. In the greater number of cases it produces no phlogosis of the parts with which it comes in contact; but in some (say in one case in twenty) it does irritate to a degree that proves painful for a few hours, but never in any instance have I seen the pain continue longer than a few hours. I have never seen bubo induced by it. I have used it in patients in every stage of pregnancy with the best effects, and never saw abortion produced. I know, by as careful examination as I could make, that it does not suppress the catamenia: in short, I fearlessly give it out as an infallible and safe remedy for this disease, without any one drawback but the fears of persons of no experience, or of such as are determined to reject it. I have now employed it in above 300 cases with unvarying success, and shall continue to use it.

In the more particular in the notice of the above groundless evils and fears, since I have heard them repeatedly stated as likely to be overruling objections against the practice,—but only by persons, I must suppose, who have never seen the method practised. I know, on the most extensive experience, that these objections are without any foundation whatever.

I am at all times very unwilling to come forward with my remarks to the public, but I have no alternative; I must now speak out for myself. I understand the treatment has been freely canvassed in the Glasgow Medical Society, where the inexperienced, on the strength of some one or ten cases, attempted to demolish the careful observations (con-

ducted before persons of competent judgment, and whose certificates are appended) of several years, and on hundreds of cases. I had the honour of introducing the practice into the Dublin Lock Hospital in August last, and I hope we shall be favoured with a report from that extensive and well-conducted institution. I may add, that in about six cases only, out of more than three hundred, the vaginal discharge has continued after repeated applications: in all of these I found, by the use of the speculum vaginae, that there was ulceration of the lining membrane of the vagina, and that the case was not gonorrhœa.

The application of the nitrate was not required more than once in 280 of the 300 cases. I may also add, that in two obstinate cases I found the disease to be kept up from *urethral discharge*, whilst that from the vagina had ceased. I then applied the nitrate to the urethra, and a cure was accomplished in both instances,—in one by a single introduction of the pencil, and in the other it required to be once repeated, at an interval of four days.

So far from the catamenia being suppressed by it, I have known more instances than one of the catamenia flowing for the first time after a long obstruction, on the use of the nitrate. I am so conscious of the benefit and complete success of the remedy in question, that I commit it to the profession, to whom I should not venture to make statements so confidently, unless I believed myself standing on pretty sure grounds.

I shall conclude by describing my method of using it. I introduce a stick of nitrate of silver into a quill, and tie a thread firmly round the lower part of the quill to fasten the caustic, which I leave projecting beyond the quill about half an inch. I generally smear the quill with a little lard, and introduce the nitras argenti up to the os tincæ, or as far as it can be made to ascend in the vagina. I then deliberately and slowly withdraw it, turning it round so as to bring it in as extensive contact as possible with the lining membrane of the vagina. I may add, that by accident the nitrate of silver has more than once broken in the vagina, and could not be found. It caused me much alarm and anxiety at first, but after the following case I was not so affected; and though I would carefully avoid it, I now regard the occurrence as of very little importance.

The late Mr. John Hebertson, who acted as my assistant in the hospital, came in breathless haste, and in the utmost state of alarm, to call me to his assistance to extract a piece of nitrate of silver from the vagina of a woman, who having previously been in the hospital, and cured by the use of the remedy in question, came to Mr. H. to have it again applied. On repairing to the house we searched in vain for the caustic, but had abundant proofs that it had dissolved in the vagina. The quantity he asserted to be above two drachms. She suffered little or no pain, and a perfect cure was straightway accomplished.—*Medical Gazette*.

On Malignant Diseases of the Skin of the Face.

Communicated by CÆSAR HAWKINS, Esq. to the Royal Medical and Chirurgical Society.

THE object of the author's communication was to describe a peculiar form of malignant disease of the face, which does not appear to him to have

received any distinct notice by surgical writers, although its character is so well marked as to require a separate consideration. The term *malignant disease*, however, having been employed in a very vague and ill-defined manner, the author commences by stating that he restricts the term *malignant* to such diseases as essentially possess a new structure, capable of exerting a poisonous influence in one or more of these several degrees:—1st, upon the neighbouring textures, which are converted into a substance exactly similar, or at least analogous, to that of the new formation; 2dly, upon the absorbent system, so that the next glands become enlarged into a tumour like that originally deposited; or, 3rdly, upon the whole constitution, so that the poisonous secretions of the newly-formed part gain access to the circulating fluids, and tubercles of various forms, but of the same or analogous character, become developed in some distant organs or textures, which have no direct communication, except through the blood, with the parts in which the new structure was first formed.

By this restriction of the term the author excludes from among the malignant diseases of the face—1st, the irritable and intractable ulcers described by Mr. Earle in the twelfth volume of the Transactions of the Society; 2dly, the various forms of scrofulous lupus, which attack the nose, eyelids, and cheeks; 3dly, the several varieties of tubercular sebaceous disease, tubercular lupus, *noli me tangere*, &c. which occur in the same parts; and, 4thly, hypertrophy of the nose, described by Mr. Hey, Civalier, and others,—none of these containing any new structures to entitle them to be included in his definition.

The author then proceeds to describe three distinct forms of malignant disease, which are illustrated by several drawings, casts, and preparations, presented to the examination of the members of the Society.

With the *common cancer of the face*, as it shews itself in the lower lip, most surgeons are familiar. When removed by the knife in its early stage, this disease does not return. If permitted, however, to advance until the contiguous glands become affected, the patient usually falls a victim to the irritation of this disease. In a few of these cases the poison is absorbed, contaminating the whole system; in which case tubercles are found in the liver and other viscera.

The second form of disease, to which the author applies the name of *cancerous ulcer*, or *phagedenic ulcer*, occurs in the face of old persons, is usually stationary for a long time, until excited to ulceration by some accidental violence, and differs from the ulcer of ordinary cancer by the skin around not being thickened or inflamed, by the almost entire absence of pain, by its slow progress, and other characters. This disease the author considers to be malignant only in the lowest degree, and advises its removal by the knife; or, when the new structure is not very deep, by the chloride of zinc.

To the third form of disease the author applies the name of *cancerous tumour*, or *fungous cancer of the face* of old persons,—a disease which he believes to be hitherto undescribed. This disease presents the appearance at first of a small rounded tumour in the skin, generally in the cheek, over the malar bone, or in the ala nasi. It is a little whiter than the surrounding skin, from the outer part of the cutis being thinned by the growth of the tumour. It is easily distinguishable from ordinary cancer by many characters of peculiarity, and is usually unattended with lancinating pain pre-

viously to ulceration. When it forms upon the ala nasi, it is readily distinguished from hypertrophy of that part by the absence of surrounding redness and thickening, by its defined cyst-like limits, and by the absence of enlarged sebaceous follicles. The author considers the disease to be intermediate in malignancy between the cancerous ulcer and the common ulcer; and that if sufficient care be taken to excise the whole, it may be removed with almost a certainty of success.—*Medical Gazette*.

Case of Enlarged Tonsils in a Child—Laryngotomy—Excision.

WM. FLANNAGAN, aged three years and a half, was admitted December 6th, into the Middlesex Hospital, for enlarged tonsils, causing occasional paroxysms of difficult breathing. Owing to the child's crying, and resisting examination, it was not easy to see into the back of the throat: but it was ascertained that the tonsils were large, and lodged deep in the fauces, and that they presented a considerable swelling on each side of the neck. The breathing was thick, the child keeping his mouth open. It is reported that it is during the night that the attacks of difficult breathing principally come on. His health does not appear to have suffered much.

He was treated for some time with iodine taken internally, and blisters applied to the neck. During this course he was always found playing about the ward, as if he suffered no inconvenience from his complaint. But it was more than once reported by the nurse, that he had been seized, during the night, with some fits of difficult breathing that alarmed her, and made her fear that he would be suffocated.

9th January.—In Mr. Tuson's absence, the patient came under the care of Mr. Shaw. Finding that he had passed a worse night than usual, it was resolved to attempt to remove one of the tonsils. But in proceeding to do this, it was found impossible to get a clear view of either of them. This was partly owing to the tonsils being situated low and concealed by the tongue, but also to the quantity of mucus that filled the back of the throat, and which could not be expelled by the efforts of the child. Besides, from being obliged to force the jaws open, the child cried; and he was then seized with fits of coughing, which added continually to the mucus in the throat. Nothing was therefore done; but he was ordered to have successive emetics, with the view of clearing the fauces, in order that the attempt at excision might be renewed on the following day.

10th January.—Mr. Shaw succeeded, without much difficulty in removing a portion of the right tonsil, about the size of the last joint of the fore-finger. This was accomplished by seizing the tonsil near its base, with the tenaculum, drawing the enlarged body forwards, and cutting out the tenaculum with the part it embraced, by means of the probe-pointed curved scissors. It may be noticed that the vomiting by the emetics had had the effect of clearing away the accumulated mucus. In fixing the tongue, and holding it forwards and downwards at the same time, the scoop from the lithotomy case was found very useful.

13th January.—The child appeared to have suffered no ill effects, but on the contrary, to have derived benefit from the operation. He had no

rence of the attacks of difficult breathing at night; and he was seen, at the usual visit, looking better than at any previous time. But after lecture, (at half-past three o'clock) Mr. Shaw was summoned to come with all haste to the hospital, as it was reported that the child was being suffocated.

He was found in the arms of the nurse, breathing with great difficulty, face pallid, wax-like, and dark about the lips and eyes. When Mr. Shaw arrived, it was thought that he had rallied a little, owing to the apothecary having induced some vomiting by a feather in the throat. A warm bath was speedily procured, and further efforts were made to get the child to cough up the mucus, but this was attended with little success. He writhed for nearly an hour, when it was obvious that torpor and insensibility were increasing to a dangerous degree, while his breathing did not sensibly improve.

Mr. Shaw therefore proceeded, with the assistance of Mr. Arnott, to make an opening in the larynx, by cutting through the cricothyroid membrane and removing a portion of the cricoid cartilage. The incision was a little more than an inch in length. Considerable venous hæmorrhage commenced to take place while cutting down upon the membrane; and this nearly obscured the bottom of the wound. In consequence of the difficulty of breathing, the chest was elevated and the neck shortened, which drew the larynx to be not only drawn close to the sternum, but situated deeper than natural. Again, in consequence of the larynx constantly changing its place, being sometimes drawn powerfully upwards and immediately depressed to the same extent, it was necessary, in laying open the membrane, before perforating it, to follow its motions with the finger, and to cut with the point of the knife, guided by the finger. The position of the membrane was recognized by feeling for the notch in the lower border of the thyroid cartilage, and making allowance for the narrow space, in the larynx of the child, occupied by cartilage, between the thyroid and the membrane; and then, by feeling the prominent ring coming up from the fore part of the cricoid cartilage below. (The operator, it may be remarked, would be foiled if he expected to find a prominence in the lower border of the cricoid cartilage at this age, answering to that of the *pomum Adami* in the adult.) It was observed, in clearing the surface of the membrane, that occasionally a portion of the thyroid gland started into the lower part of the wound, so as even to obscure the membrane; and this was apparently caused by the gland being squeezed into the space by the violent action of the muscles embracing it on both sides, and which pressed its lower part against the remains of the thymus gland and the fascia, occupying the upper opening of the thorax. After the cricothyroid membrane had been entirely exposed, a little time was allowed for the hæmorrhage to subside before inserting the point of the bistoury into it. A longitudinal incision was made, extending through the membrane and the centre of the lower border of the cricoid cartilage. A slight cut was then made transversely along the lower border of the cricoid cartilage on each side, so as to liberate it somewhat by snipping off portions both of it and the membrane with the scissors. Considerable difficulty was experienced in removing these portions, owing to the remarkable sensibility of the mucous surface of this part of the larynx; for, before using the scissors, it was necessary, of course, to raise the angle which had to be cut off, and this could only be done by trans-

fixing it with the hook from within: but so great was the sensibility of the membrane, that whenever it was pierced, a fit of coughing, attended with a gasping and struggling, as well as a rapid motion of the larynx, was the result. When, however, after some ineffectual attempts, the portions intended to be cut away were removed, the orifice was of a size sufficient to admit a tube as large as a writing quill: the child breathed through the orifice with ease; but, on an elastic tube being inserted into the wound, it brought on such paroxysms of suffocation that it had to be withdrawn. Retractors, made by doubling a catheter wire, and then forming a hook at the part where it was bent, were now applied to the two lips of the wound, and fixed behind the neck, so as to hold the wound open; but the child would not allow these to remain. Adhesive straps were accordingly substituted, the ends of which were placed close to the edges of the wound, and after having got a hold they were drawn backwards upon the neck, so as to keep the lips apart. These answered very well, and the child breathed softly and easily. A nurse was ordered to sit beside and watch him.

14th January.—A remarkable improvement is visible in this child: he breathes tranquilly through the wound: his countenance has a clearness and freshness that indicate the relief he has obtained. (It is no small mark of his amendment, that in one hand he holds a goodly slice of bread and butter, while in the other he has a boiled potatoe.) He is occasionally troubled with a slight cough.

16th.—There was some alarm last night, from his being threatened with a recurrence of his difficult breathing. This appears to be brought on by his drooping his head when sleeping, and thus closing the orifice of the wound. From watching his breathing, it is supposed that he breathes both through the wound and the natural passages; but he begins to cry whenever the wound is closed for the purpose of ascertaining this, and his crying brings on a fit of difficult breathing. Mucus is still expelled from the wound. There is a constant hacking cough, apparently induced by the mucus collected at the upper part of the larynx irritating the glottis, or perhaps kept up by the remaining enlarged tonsil being in contact with that part. The house surgeon is instructed to introduce a tube into the trachea through the wound, if the symptoms be again urgent.

For the two following days the reports were favourable. The nurse stated, that when she filled up the wound, while clearing it of mucus, the child sometimes uttered a word or two.

18th.—His breathing is undisturbed; but he looks ill, and is peevish. He has had purging, which has been checked by administering hydrarg. c. creta. with soda aromatic confection.

During the following ten days, the child varied in his condition: sometimes he caused alarm by his laborious breathing and appearance of exhaustion; and at other times he was considerably better. From his feverishness, and having a running at the nose, and cough, it was concluded that he had influenza superadded to his original illness. He derived benefit from the saline mixture, prepared with an excess of acid.

30th.—The wound after narrowing daily, is closed and covered with a moist crust.

Feb. 7th.—There is now a gratifying change. The cough is almost gone. The countenance exhibits an appearance of health. He plays with the other children in the ward. The swelling caused by the enlarged tonsil on the left side is scarcely discernible. The wound is nearly cicatrized.

Feb. 21st.—He was dismissed.

March 14th.—The mother brought her child again to the hospital, requesting to have another operation performed, as every night, when he fell asleep, fits of suffocation came on that kept her in continual alarm. Notwithstanding this account, he is in better health than when he left the hospital. On examining the left tonsil, it was seen to present a little above the tongue, and it was shifted somewhat towards the right side.

20th.—Hitherto nothing has been done, as there have been some reasons for supposing the attacks of spasmodic breathing to be owing to whooping cough. He has been taking rhubarb and soda, with a grain of extract of hyoscyamus, twice a-day. He has always been found running about the wards during the day; but for several nights he has disturbed the patients by the noise he makes in breathing, and by his fits of coughing.

21st.—To-day, Mr. Shaw removed, with the tenaculum and scissors, the greater part of the remaining enlarged tonsil.

April 1st.—No unfavourable consequences resulted from the operation. The breathing is no longer accompanied at night with noise or spasms, as before; but he sleeps soundly.

He was dismissed to day cured.—*Medical Gazette.*

PSEUDO-SYPHILIS.

Martha Rogers, a married woman, was admitted in St. George's Hospital, with the following history:—Last September two years she was confined; nine days afterwards she suckled a child, six weeks old, which had a sore mouth, and an eruption over the body generally. The child's mouth was quite raw, but she was told that that was only the thrush. In two or three weeks she perceived some sores upon the left mamma, which gave her much severe lancinating pain. They were hard to the touch; two of them were circular, and one was elongated. They first appeared as a pimple, and were very similar to those on the body of the infant. The scaly surface covering them soon came off, exposing beneath a raw, ulcerating surface, which discharged pus. They were treated by the medical man who attended her, both locally and constitutionally, the remedies employed with the latter view making her mouth sore.

In a couple of months the child's mouth healed, and she became better, still, however, continuing to suckle the child. She now began to suffer from severe darting pains in the head; the bones of the extremities ached, and were very painful, and there was great bodily languor. About three weeks since she had a sore throat, with some eruption on the skin, this was

three months after the first appearance of the mammary sore. These last symptoms were preceded by some general fever, and constitutional disturbance, accompanied with severe head symptoms, which latter, however subsided somewhat suddenly. On her admission she was ordered to take, *Oxymuriate of mercury*, 4 grains; *Powdered Acacia root*, half a drachm. *To be made into 24 pills, two to be taken twice daily.*

Feb. 20. Her skin is completely covered by an eruption, having a tuberculated character and appearance, each tubercular spot being small in size, and of a dusky-red colour, having no pointed apex, but the surface covered with a furfuraceous desquamation. The throat is vascular and injected, but she does not complain of its being sore. The cicatrix of the primary sore on the breast is not yet healed. The eyelids are but slightly affected by eruption. She complains of occasional wandering pains about the limbs. The appetite is bad, the bowels are regular, the pulse feeble, and the tongue furred, from the mercury; she sleeps well; the mouth is affected. The pills were, therefore, ordered to be discontinued for a time. She was desired to leave her bed and get up, and was put upon ordinary diet. Whilst the mammæ were affected, she had some hard, swollen lumps in each axilla, which, however, subsided in proportion as the mouth became affected by the mercury.

Up to the 26th she continued to take the medicines, at longer or shorter intervals, according as they affected her, and on that day the eruption was much paler in appearance, and its tubercular character lessened. A medical gentleman, under whose care she had been, saw her on that day, and distinctly stated that the infant had laboured under syphilis, but that he could not ascertain whether the mother was so affected or not. His description of the ulceration corresponded exactly with the one given above.

March 3. She complains to-day of having suffered from severe abdominal pain for twenty-four hours, which was ushered in by some smart rigors. There is some nausea, with considerable tenderness over the abdomen, upon pressure. The tongue is furred; the pulse quick and hard; the bowels are open. Yet, notwithstanding these manifest symptoms of sub-acute inflammation, she was only ordered the following:—

Opiate confection, one scruple; *Aromatic spirit of ammonia*, half a drachm; *Peppermint-water*, one ounce and a half. To be taken immediately.

10. She has rallied from the symptoms last-mentioned, more, we are inclined to think, from a copious cutaneous diaphoresis, than from any benefit derived from the remedies ordered. Her general state of health is improved. The eruption is, however, much thicker over the skin, and has regained its tubercular appearance, being elevated above the surrounding surface. She has now discontinued the mercury for some time, and has no soreness of the gums. The medicines were ordered to be renewed, with two of the *oxymuriate of mercury* pills daily, and to have

Decoction of sarsaparilla, half a pint; *Tincture of ginger*, 2 drachms, daily.

16. She is improving, and was ordered to have one pill only every day.

21. The mouth is slightly affected, and the eruption is greatly disappearing. A tepid bath was prescribed, twice every week.

29. The eruption is nearly all gone, and the hardness and elevation of each tubercle are subsiding. The mouth is slightly sore.

April 3. Owing to being imprudently exposed to cold, the pains in the limbs have returned, and all the remedies ordered by the affrighted surgeon, were immediately renewed. She continued their use for some little time, when she was pronounced quite well, and was, therefore, made an out-patient. Shortly afterwards she came back as an out-patient, under the same surgeon, affected with severe iritis, for which leeches were ordered, and *calomel* and *opium*, with some relief, which soon vanished, however, and all the symptoms returned, affecting the sclerotic coat of the eye. She was then put upon *colchicum* and *tartar emetic* for a short time, at the end of which she was struck off the hospital books, quite well. *Lancet*.

Injurious dilatation of the Os Tinæ.—By Dr. E. W. MURPHY.

If the nature of uterine structure, consisting of muscular and fibro-elastic tissues, be considered; if their properties be borne in mind, and we contrast the action of sphincter muscles generally with the manner in which the os tinæ is opened, namely, by a slow painful dilatation, aided by a fluid pressure, and compare it with the subsequent dilatation of the perinæum, the dilatation of the os tinæ must be considered to be, in a great degree, a mechanical effect; the resistance arises from the reaction of the fibro-elastic tissue, and not from the contractions of muscular fibre; nevertheless, irritation may excite their action, and thus present an impediment to the natural action of the uterus, retarding dilatation, and rendering it essential, consequently, in order to avoid such an effect, to refrain from rupturing the membranes. The os tinæ bears irritation very badly, and if much exposed to it, will certainly manifest a sub-inflammation, which at first retards its distention, and if suffered to increase will soon affect the general system. Daily observation during my residence at the *Lying-in Hospital*, Dublin, has forced this opinion upon me. The natural anxiety of those who were attending the patients, to watch the progress of parturition, gave rise to frequent examinations per vaginam, and the effects of such irritation has been to excite the above-mentioned tendency, manifested by a suppression of the usual mucous discharge, by heat and tenderness, and a tumid, painful, unyielding condition of the os tinæ; and especial caution was necessary to prevent such frequent examinations. The long continued irritation of the head would produce a nearly similar effect. Patients have been sent into the hospital where these symptoms were unnoticed. The tenderness and swelling increased; a serious irritating discharge was in the vagina; the os uteri was perfectly rigid, and the muscular action of the uterus and bladder was suspended; urine accumulated in the one, and in the other the true pains were changed for distressing spasms. Thus, a case in which there was no real difficulty was converted into one of considerable risk. *Dublin Medical Journal*.

The Nitro-Muriatic Acid Bath.—By Dr. LENDRICK.

THE Nitro Muriatic Acid is now unjustly described as of little use. Those, however, who decry it had contented themselves with a partial application of the acid to the lower extremities. Many years ago I "accidentally recommended it as a *general* bath, and the effects were so surprising that I have never prescribed it in any other form since. Several cases in which it had been used ineffectually in the common way have come under my care, and complete success has followed total immersion in the acidulated water. The patient is placed in a common bath, at a temperature of from 90° to 95°, twice or thrice in a week, for 15 or 20 minutes. Into each bath of 30 or 40 gallons is poured from an ounce and a half to two ounces of concentrated nitric, and from two to three ounces of muriatic acid; the proportion being nearly that of 2 to 3. This bath may be continued for months, not producing either any derangement of the general health, ptyalism, or eruptions as described by some authors, though, as idiosyncracies will occasionally occur, its application ought always to be superintended by a medical practitioner. My own opinion is, that it is admirably calculated in most diseases to produce the beneficial, without the risk of the injurious, effects of mercury. There is a disease known to the public by the name of *liver consumption*. It generally occurs in scrofulous habits, and is probably connected with tubercular growth in that viscus, as well as with the commencement of pulmonary phthisis. Together with the general derangement of the biliary and digestive functions, there are frequently developed in females, hysteria, with chlorosis, or morbid menstrual secretion. In such cases I have never found any treatment so effectual as the nitro-muriatic acid bath. The hepatic, and even the pulmonary symptoms, seem to yield, and the patient regains flesh and strength. I do not, in all the cases, rely on the bath exclusively; but in some, which had baffled every other treatment, the bath alone seemed to accomplish a cure. Even where mercury had already proved injurious, the bath seemed to accomplish all that could be expected. Every addition to our stock of non-mercurial, or anti-mercurial remedies is valuable. The merits of sarsaparilla, nitrous acid, chlorine, &c., and especially (as judiciously recommended by Dr. Wallace) the hydriodate of potash, are well known. I consider, however, the nitro-muriatic acid bath as inferior to none, and superior to many; and being an external application, it in no way interferes with the administration of the others. *Dublin Journal*.

Glanders in Man.—By ANDREW BROWN, Esq., Surgeon 2nd Dragoon Guards.

I am not yet acquainted with any case but the following, where glanders has been communicated to man by other means than through incised or lacerated wounds, that is to say, either by cutaneous absorption, by effluvium, or by the incautious application of glandered matter to the nasal linings, in picking, scratching, or blowing that organ:—Corporal John Wells, aged 38, a tall, healthy-looking man, 19 years in the corps, and never before on the doctor's list, on the 16th of April last, was suddenly awakened from an unrefreshing sleep by rigors, headach, and irritability of stomach. In hospital (at Cahir Barracks, Ireland,) next morning he complained, in addition, of severe continued pains, and stiffness in all his large joints, excessively aggravated on the slightest motion. These are the

constant precursors of fatal acute glanders and farcy in the horse. On inquiry, it appeared that he had sole charge of a glandered horse for some time previous, which had been destroyed on the evening of his attack; and that he had exerted himself much in cutting up the carcass. But these circumstances not then creating the least suspicion, his complaint was considered to be severe acute rheumatism. However, two days after admission, finding that his constitution was no longer able to bear the very active treatment employed, Dr. Home and myself became truly alarmed at the unconquerable violence and novelty of the disease.

The pain, night and day, became excessive, particularly over the left shoulder, where the scapula was slightly tumefied, although not inflamed; leeches, applied over its entire surface, bled profusely, for some hours, without relief; his sufferings continued unabated; on the 24th the tumour had a dark livid colour, and was so large as to resemble the shoulder of a man recently and severely punished.

Similar tumefactions, but more circumscribed, were now observed on the legs, arms, and sacrum, and one, over the left temple, distorted the entire face. The right nostril was contracted, and gummed with an inspissated discharge; and he complained of constriction of the throat, with difficulty in swallowing cold liquors, but not warm; the posterior fauces were much inflamed, and of nearly a purple hue. The suffering now baffled every effort to procure rest; not even whilst in the warm bath had he a moment's respite from pain. His thirst was great. His excretions, urinary and alvine, were kept natural in every respect. On the 28th several pustules were observed, resembling yaws, particularly over the neck and shoulders, and inside the arms and thighs. Several of the *tumours* now were running rapidly into gangrene, wholly un-impaired by tonics and antiseptics; nature was at length exhausted, his countenance frightfully haggard and livid, his entire surface bathed in a cold clammy sweat, and of a pale leaden hue. He held out in partial somnolency and low muttering delirium until the 30th, when death released him from his misery, having been twelve days under treatment.

Autopsy, 18 hours after death.—The entire surface nearly covered by black gangrenous tumours, each surrounded by numerous small vesications, which, on cutting into them, were found to be merely elevations of the cuticle, filled with a dark, violet-coloured, inspissated lymph. A suspicion having been recently entertained that this disease had its origin in glanders, the absorbents of each arm were first minutely examined, to their termination in the axillary glands. Those vessels, however, as well as the glands, were found in their natural state; nor was there the slightest appearance of either absorbent, glandular, or cutaneous inflammation, or of any recent cicatrices, chopped or scratched fingers; or, in short, the slightest breach of integument, or abrasion of skin, by which absorption of morbid matter into the system could have been facilitated.

On removing the scalp, and thereby dividing the tumour already specified, we observed, immediately over the left superciliary ridge, a cluster of tuberculated bodies of various sizes, imbedded in a lamina of the cellular tissue exterior to the pericranium, and our highly-talented veterinary surgeon, Mr. Woodman, unhesitatingly recognized a strong resemblance between these and those usually found in the nasal linings of glandered horses after death.

The brain was much more pale and soft than ordinary, with rather a

larger proportion of fluid in the ventricles; the Schneiderian membrane appeared throughout pale, thickened, and infiltrated; and in the right frontal sinus was found another cluster of well-defined, ulcerated, glanderous tubercles. The posterior fauces were highly inflamed, and of a dark purple; right tonsil, ulcerated in patches, but the thoracic and abdominal viscera were all perfectly healthy, except that the heart was rather pale and flabby.

On removing the whole of the diseased mass from the scapula, that bone was observed nearly covered by a cluster of grey, circular tubercles, the whole composed of fine cellular tissue, enveloped in small cysts, and firmly attached to the periosteum, differing only in this respect from those found in the pericardium.(?) The tumours on the sacrum and extremities all exhibited each precisely the same crop of tubercles adhering to the periosteum underneath. All the muscles were blanched, flabby, and softened, and the cellular membrane was infiltrated with a yellow serosity. *Dublin Journal. Lancet.*

Tobacco employed in Dropsy and Asthma.—Substituted for Lobelia Inflata. By Dr. SIGMOND.

TOBACCO is, in some diseases, most efficacious; taken internally, it is a very serviceable *diuretic*, although it has fallen into disrepute. In thirty-one dropsical cases in which Dr. Fowler employed it, eighteen were cured, and ten were relieved; and likewise in dysentery, out of eighteen cases seven were relieved, and ten completely cured. He gave it in different forms; an ounce of the leaves to a pint of spirit, or of vinegar, forms a tincture, or a vinegar, of which from ten to twenty drops are recommended to commence with. The following formula for pills is likewise given, and is the most certain mode of exhibiting the tobacco:—

Pulveris foliorum nicotianæ Virginienſis, caute ſiccatorum; Conſervæ rosæ rubræ, utriusque, ʒj; Mucilaginris acaciæ, q. s.; fiat massa de qua pilulæ ſexaginta formantur.

To Dr. Fowler's "Medical Reports" on the effects of tobacco, I must further refer you; to him it was suggested by a letter from Dr. Gordon, of South Carolina, addressed to Dr. Hope, in which the surprising effects of the ashes of tobacco, in *dropsical cases*, was stated; a half of a drachm, or a drachm, of the alkaline fixed salts of tobacco, given in as small a quantity of water as possible, twice a-day, producing the happiest results.

In *disordered respiration* this herb obtained the well-merited confidence of the older physicians, in cases where no organic alteration has occurred. It has, however, nearly fallen into neglect, from which state it will most probably revive, for it has lately been tried to a very great extent, and with no small success, under a false name. At the time that the *Lobelia inflata* was the subject of great panegyric, and that clinical lectures appeared in the periodicals, extolling its virtues in asthma, there was not a particle of it in the drug market. One firm, at the head of which was a shrewd, intelligent practical man, had formerly had great experience of tobacco, and he proclaimed that his house was the sole mart for *Lobelia*; he made a spirituous tincture of the tobacco, which he supplied to the trade, pretty freely, and it became a great favourite of the profession. My own experience led me to its frequent employment; nor did I discover for some time the artifice which had been practised. It, however, induced me to place great reliance on an æthereal

uncture of tobacco, to mitigate the paroxysms of spasmodic asthma. It must however, be remembered that where the lungs are diseased it is capable of exasperating the complaint, and that it always demands the careful discrimination and judicious watchfulness of the medical man.
Lancet.

Operation for Ectropeon.—Medical History of a Veteran in India.

On Monday, March 20, 1837, at the Royal Westminster Ophthalmic Hospital, Mr. Guthrie performed a modification of the Taliacotian operation, to relieve the ectropeon of Samuel Rumsey.

This man was sixty-four years of age, is a hardy veteran, and a pensioner of Chelsea College, with an income of eighteen-pence a day. In 1802, having previously served some years in the militia, he enlisted into the 30th regiment, and did duty at home until 1806, in the spring of which year he sailed for India, where he remained until 1827, when he was discharged, from length of service, and returned home. During his servitude, he was engaged in several expeditions into the unwholesome districts of Hindostan, and suffered several attacks of ague. He had always been very intemperate, getting drunk whenever he had the means. The favourite beverage with our troops in Madras, and, in fact, in the other presidencies, is toddy, a liquid which spontaneously exudes from certain kinds of palm, when wounded. The most common are the palma, the cocoa-nut, and the date toddy. The cocoa-nut is the strongest, and most congenial to the palates of the soldiers. A gallon will perfectly intoxicate an experienced bibber. All these juices have a semi-opaque milky appearance, not unlike soap-suds, and are sold by the native-merchants at a cheap rate. Besides these, a great deal of arrack is drunk, and of this about a pint is enough to inebriate a stout fellow. This is perfect "nectar" to the white soldier.

Whilst in India, in addition to the agues, he had one or two attacks of syphilis and gonorrhea. To cure these, he was plied with mercurial preparations, to copious salivation. He thinks the "out-and-out" salivations have shaken him a little. In order to avoid such accidents for the future, he attached himself to a "bibby," or native woman for many years. The hardihood of his constitution preserved him in average good health, in a climate which macerated his regiment to a skeleton; and when he landed at Gravesend, in July 1827, he felt as well as when he left England twenty years before. The best substitute which he could now find for toddy and arrack, was "gin-hot,"—a quart of hot porter, (temperature 140°) with a quartern of gin, sugar, and nutmeg mixed. With this he got drunk as often as he could, doing homage to Silenus, even if for his "nectar" he was obliged to sacrifice his "ambrosia." Whilst in India, he observed, that in each paroxysm of drunkenness, the hot stage was soon followed by the sweating one, and the only inconvenience which he experienced was a slight lassitude. He had always there a plenteous supply of wholesome food, but on his return, poverty compelled him to consider eating a secondary necessity; and as he received his pension quarterly, he then gave way to excessive intemperance, while his money lasted. This practice broke through the regularity of his habits as a toper, and afterwards left him to suffer from the absolute privation, not only of stimulants, but of food. He now remarked a difference in the

paroxysm of inebriation; the hot stage continued much longer, and was succeeded, not by a perspiration, but by rigours and prostration, the colder atmosphere not promoting the opening of the cutaneous pores. To eke out his income, and to aid in the fulfilment of the drunken destiny of his existence, he became a watchman in the parish of St. Pancras. Here the exposure to night air, wet, cold, irregular sleep, and intoxication, damaged his health. A large furunculous apostema appeared on his left nates, was very painful, suppurated, and sloughed widely and deeply, leaving a large cicatrix. This was followed by others, in the trunk, limbs, neck, head, and face. They all ran the same course, and ended by producing similar large cicatrices. These like the cicatrices of burns, have contracted, and in the face have produced great distortion of the features. The face and forehead have almost entirely lost the original cutis, and are covered with most extensive scars and seams. The superior part of the pinna of the right ear has sloughed away. The hairy scalp is denuded, and scarred to a considerable extent.

The superior palpebra of each eye is retracted to such a degree that the ciliæ are in contact with the supercilium, of which but a small portion of the hair remains. The reflected conjunctiva is, consequently, exposed to the air, and light, and is, from inflammation, of a bright scarlet colour. The conjunctiva on the inner side of the left eye-ball is also much injected, and that which is spread over the cornea quite opake; through it, however, it is possible, with care, to discern the contraction and expansion of the iris. In the right eye, the iris is motionless, and adherent to the cornea, which is of a milky colour, and in the centre of which exists an ulcer, which has nearly penetrated through its substance, into the anterior chambers. He is, in both eyes, conscious of the presence of light; but the opacity of the corneæ is too dense to permit him to distinguish objects.

The right eye was chosen to be first operated upon. A semilunar incision was made, half an inch above the supercilium, and bending downwards, at each extremity, to the internal and external angular processes. The incision was first carried through the simple integuments, and the dissection was continued through the fibres of the obicularis palpebrarum, and the levator palpebræ superioris; the tarsus was pulled down, and the eyelid restored to its proper office and position, as a concave covering for the eye-ball. A great deal of dissection, however, was necessary before the operator succeeded in placing the lid over the eye. A large space is now left above the eye, to be filled up with granulations. Two ounces of blood were spilt, and a good deal of pain was inevitably occasioned by the operation, which lasted twenty minutes. The lid, at last, remained quiescent, in its proper situation over the ball. Lint, dipped in cold water, is constantly applied to the part.

21. To-day the patient is quite tranquil. The eye-lid remains down. He slept well all night, and complains of no pain, the patient being able to raise his eyelid a little; it is inferred that a few fibres of the levator palpebræ are undivided.

April 6. The large hiatus made by the operation is filling up with granulations, and there seems to be a disposition in the palpebra to curl up again. Nevertheless, so far, the eye is completely covered, and should the ocular appendages remain in their present position, when the cicatrization is completed, the patient will have a chance of vision. In consequence of the long disease of the upper eyelid, the sphere of action of the lower lid

is very much extended, and it covers a great part of the eye-ball. The cornea is still opake, and the anterior chamber is obliterated by the adhesion of the iris to the cornea.—*Lancet*.

Properties of the Lobelia Inflata.

WHEN lecturing lately on some cases in which this medicine was administered, Dr. Elliotson took occasion to make some remarks in general on its effects. He stated that the lobelia inflata was not yet in general use, indeed its properties were not generally known. The American Indians employed it in the same way as tobacco, and they resorted to it as a remedy in cases of cough and difficulty of breathing. Its properties, so far as he had been able to observe in the various cases in which he had administered it, appeared to be the same as those of tobacco. He was in the habit of giving the tincture of the plant in five minim doses at first, increasing it to any extent, if it produced no effect, and did not cause headach or vomiting. If a person laboured under simple difficulty of breathing, the above dose given three or four times in the course of the day was sufficient; but if a sudden attack of asthma required its employment, then it might be given at intervals of a quarter, or half an hour, commencing with five minims, and adding one minim to every succeeding dose, until the disease was subdued or the medicine disagreed with the patient. If this last should be the case, and vomiting and headach come on, the medicine must be left off for a time, and continued when the headach, &c., was removed, not increasing the dose beyond the last given. It was remarkable how differently different persons bore this medicine, a single minim in some instances producing sickness, as some persons are not able to bear a single whiff of tobacco smoke; while, in other cases, on the contrary, sixty or even ninety drops were taken for a dose. He knew a young lady, who, being subject to spasmodic asthma, always carried ninety drops of the tincture in a small phial; this dose she swallowed when an attack of the disease came on, and with her it was a specific. He, however, remembered a very remarkable case, in which this medicine was administered to a medical man, who had a violent attack of asthma, which lasted nine days. There was no pain, inflammation, or congestion, but a violent cough; the pulse was very quick, and the patient could not lie in the recumbent position. He had taken the medicine in former attacks, so he commenced on this occasion with ten minim doses, increasing the strength of each dose by one minim (the doses were given every half hour,) until he arrived at fifty minim doses; he then continued with these doses every hour for twenty-four hours; he experienced slight relief, and no unpleasant effects resulted. At the expiration of the twenty-four hours, a minim was added to each dose of the medicine, till it reached seventy-five minims, this he took for forty-eight hours, and the disease was relieved. His pulse was becoming intermittent, perspirations broke out over the body, and he became languid; small doses of ammonia soon restored him to a proper state. It had been unjustly said, that he (Dr. E.) was in the habit of giving too large doses; he was certainly in the habit of proportioning doses to the disease; when he found that, after giving certain doses, the disease was not removed by the medicine, and that no bad effects were produced by the remedy, then he increased it to such an extent as was safe, and necessary to remove the disease.—*Lancet*.

COMPARATIVE BILL OF MORTALITY,

From the 28th of MARCH, to the 2nd of MAY, 1837.

Diseases.	APRIL	4.	11.	18.	25.	May2.	Diseases.	APRIL	4.	11.	18.	25.	May2.
Abcess		1	—	8	2	2	Inflammation of						
Age and Debility	50	82	64	59	59		the Brain . . . }	4	11	4	5	3	
Apoplexy	8	8	8	9	14		— of Bowels and }	1	6	4	2	2	
Asthma	33	30	25	12	42		Stomach . . . }						
Cancer	3	—	3	1	2		— of the Lungs }	11	12	16	6	23	
Childbirth	4	2	4	3	5		and Pleura . . }						
Consumption	72	102	34	63	95		Influenza	3	11	7	9	12	
Constipation	—	—	—	1	—		Insanity	3	15	7	4	2	
Convulsions	24	42	41	39	39		Jaundice	—	—	—	—	—	
Croup	—	1	2	2	4		Liver, diseased . .	6	7	1	4	3	
Dentition or Teething	2	14	8	7	17		Locked Jaw	—	1	—	—	—	
Diarrhæa	—	—	—	—	—		Measles	8	16	7	6	11	
Dropsy	10	16	13	16	21		Mortification . . .	1	3	6	6	4	
— in the Brain	14	14	12	13	10		Paralysis	2	7	2	5	8	
— in the Chest	—	1	1	1	1		Rheumatism	—	—	—	2	—	
Dysentery	—	—	—	—	—		Scrofula	—	—	—	—	—	
Epilepsy	—	—	—	1	1		Small Pox	1	4	—	4	3	
Erysipelas	—	1	5	—	2		Sore Throat & Quinsey	8	1	1	1	1	
Fever	—	11	6	10	9		Spasms	2	2	3	—	2	
— Scarlet	2	8	—	5	1		Stone and Gravel . .	—	—	—	—	—	
— Typhus	1	3	2	3	5		Stricture	—	—	—	—	—	
Gout	1	—	1	1	3		Thrush	2	2	—	—	4	
Hæmorrhage	2	—	1	—	—		Tumor	—	1	—	—	1	
Heart, diseased	2	2	3	—	3		Venereal	—	—	—	—	—	
Hernia	—	—	—	—	—		Unknown Causes . .	9	4	15	12	30	
Hooping Cough	15	18	11	15	13		Casualties	5	5	6	3	5	
Indigestion	—	—	—	—	—								
Inflammation	27	61	25	31	54								
							Total	832	587	384	355	514	

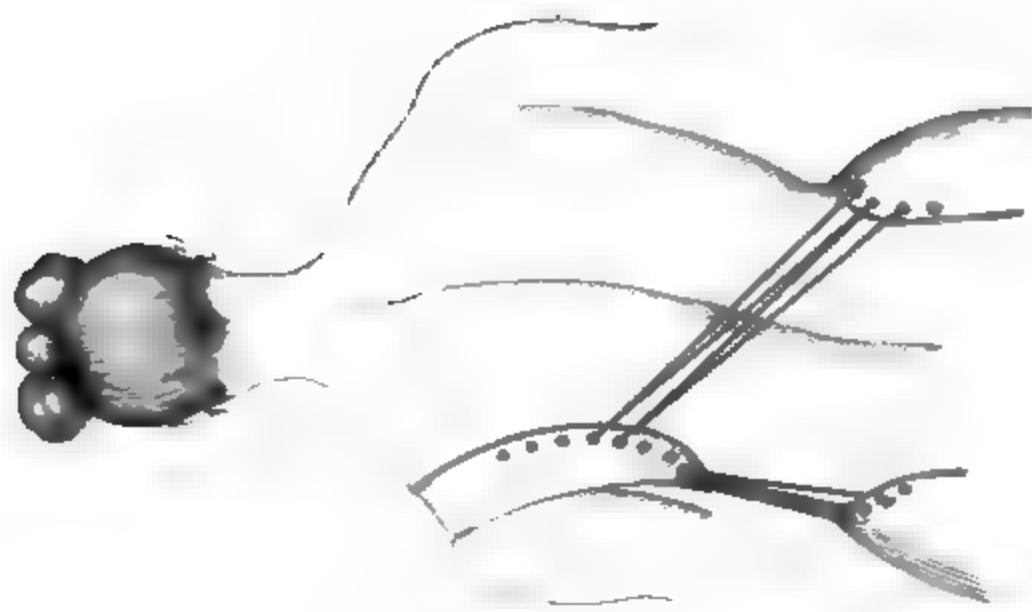
BOOKS RECEIVED FOR REVIEW.

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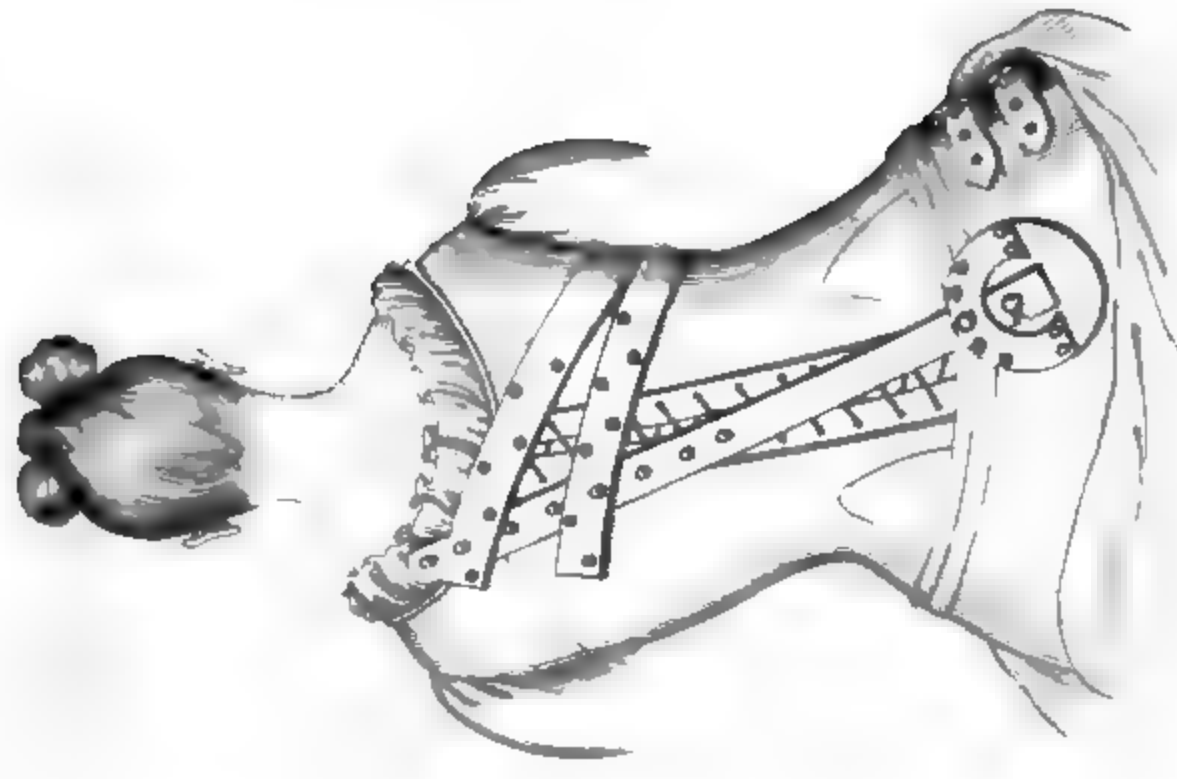
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Guy's Hospital Reports, Edited by Geo. Barlow and James Babington. No. IV. April, 1837.



FUNICULAR APPARATUS
or natural method



MAHONSAKI'S APPARATUS
or mechanical method

ILLUSTRATIONS OF AN ARTIFICIAL SPINAL DEVIATION BY DR. MAHONSAKI, SURGEON-GENERAL, JAPAN.

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COMPARATIVE BILL OF MORTALITY,

From the 28th of MARCH, to the 2nd of MAY, 1837.

Diseases.	APRIL	4.	11.	18.	25.	May 2.	Diseases.	APRIL	4.	11.	18.	2
Abcess		1	—	8	2	2	Inflammation of					
Age and Debility	50	82	64	59	59		the Brain . . . }	4	11	4		
Apoplexy	8.	8	8	9	14		— of Bowels and }					
Asthma	33	30	25	12	42		Stomach . . . }	1	6	4		
Cancer	3	—	3	1	2		— of the Lungs }					
Childbirth	4	2	4	3	5		and Pleura . . }	11	12	16		
Consumption	72	102	34	63	95		Influenza	3	11	7		
Constipation	—	—	—	1	—		Insanity	3	15	7		
Convulsions	24	42	41	39	39		Jaundice	—	—	—		
Croup	—	1	2	2	4		Liver, diseased . . .	6	7	1		
Dentition or Teething . . .	2	14	8	7	17		Locked Jaw	—	1	—		
Diarrhæa	—	—	—	—	—		Measles	8	16	7		
Dropsy	10	16	13	16	21		Mortification	1	3	6		
— in the Brain	14	14	12	15	10		Paralysis	2	7	2		
— in the Chest	—	1	1	1	1		Rheumatism	—	—	—		
Dysentery	—	—	—	—	—		Scrofula	—	—	—		
Epilepsy	—	—	—	1	1		Small Pox	1	4	—		
Erysipelas	—	1	5	—	2		Sore Throat & Quinsey	8	1	1		
Fever	—	11	6	10	9		Spasms	2	2	3		
— Scarlet	2	8	—	5	1		Stone and Gravel . .	—	—	—		
— Typhus	1	3	2	3	5		Stricture	—	—	—		
Gout	1	—	1	1	3		Thrush	2	2	—		
Hæmorrhage	2	—	1	—	—		Tumor	—	1	—		
Heart, diseased	2	2	8	—	3		Venereal	—	—	—		
Hernia	—	—	—	—	—		Unknown Causes . . .	9	4	15	1	
Hooping Cough	15	18	11	15	13		Casualties	5	5	6		
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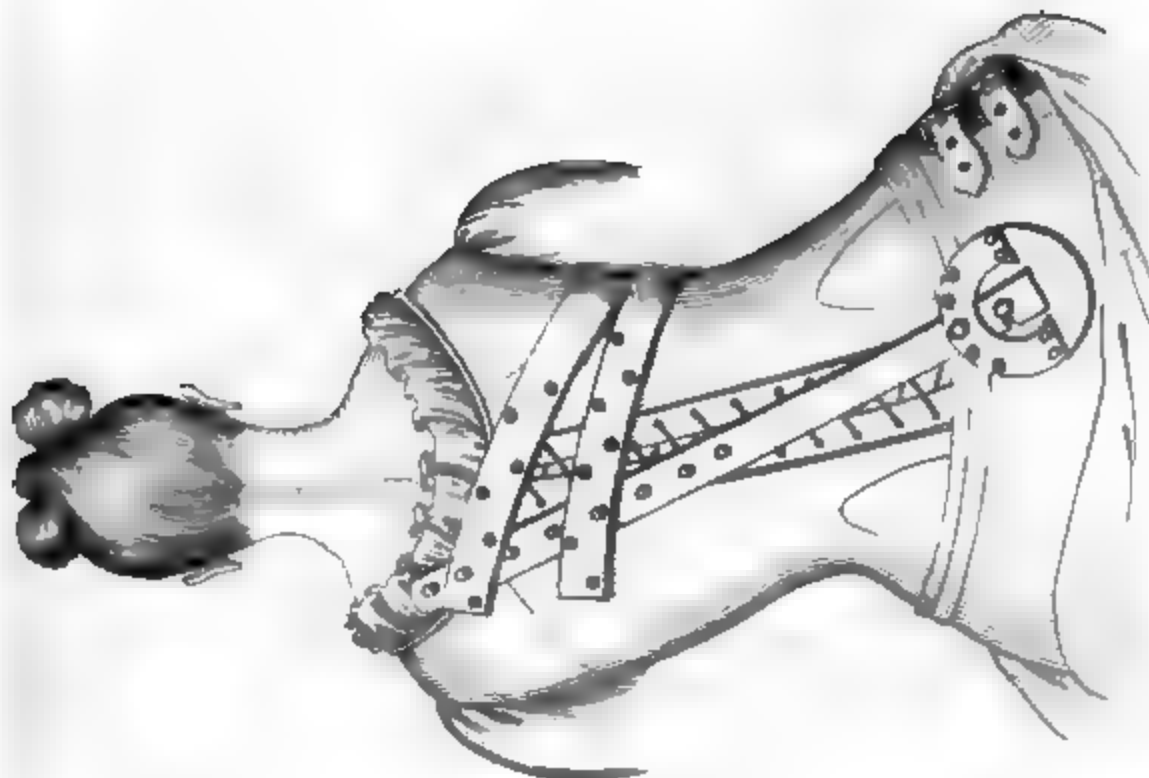
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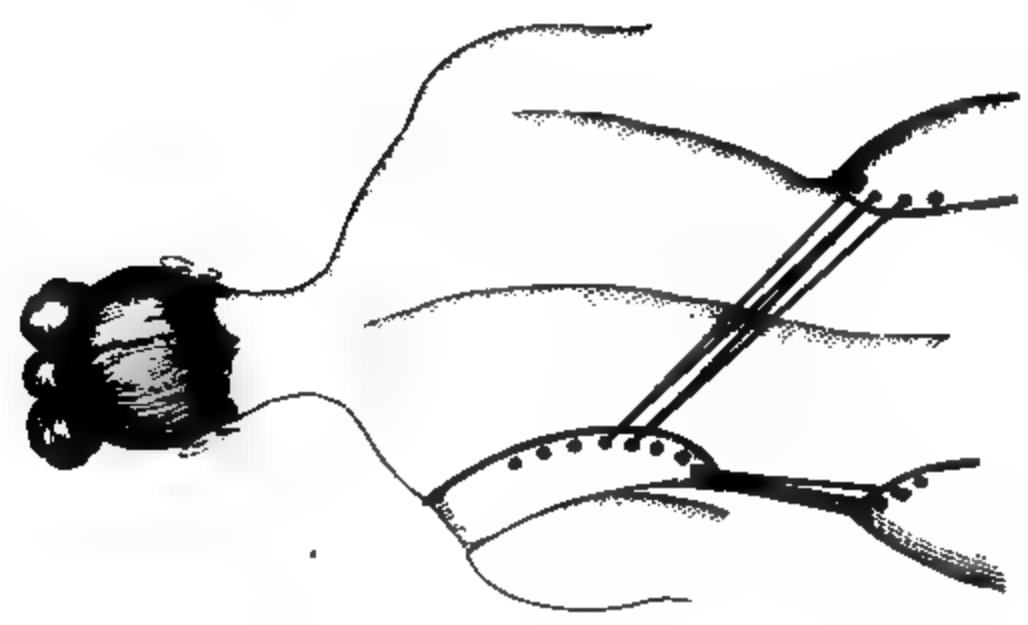
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MPHOSSARI'S APPARATUS
in *mechanical method*

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FUNICULAR APPARATUS
as *natural method*

THE
CONTINENTAL AND BRITISH
MEDICAL REVIEW,
OR
MONTHLY THERAPEUTICAL JOURNAL.

JULY 1, 1837.

On SPINAL DEVIATIONS, (with Engravings)

(*Third Letter.*)

BY THE EDITOR.

To Sir Benjamin Brodie, M.D. F.R.S.

&c. &c. &c.

Dear Sir,

AFTER the opinion I have given in my two former letters respecting the danger of *orthopedic* traction on beds, the use of crutches, and a continual horizontal position, it naturally follows that I reject all measures which do not admit of free exercise. Reclining on the horizontal undulated couch is an agreeable pastime for young persons; it does not confine any of the limbs, but leaves the patient perfectly at liberty: it combines all the advantages expected from the inclined planes of Shaw and Bamfield's cushions. But Dr. Pravas has gone beyond these learned orthopedists, and too much praise cannot be given to him who united in the same apparatus the benefits of gymnastics, and those of inclined planes.

I have seen several of these undulated couches at Messrs. Pravas and Guerin's establishment; and it is but just to state, that every species of improvement contained in the orthopedic art is there to be met with.

This apparatus, says Mr. Pravas, may serve as a *lit de repos*, when the patient is weary of *extension*, or else be transformed into a gymnastic machine, which answers the double purpose of bringing the spine to its normal condition, and of exercising the muscles so as to re-establish their antagonism.

It is evident, from the above observation, that Mr. Pravas has not quite given up *extension*, though he does not confine his patients to this treatment alone; and as he is most anxious to adopt every mode of improvement, we must not consider this opinion absolute, but suppose that when Mr. Pravas wrote, no better plan was known.

At a later period, Mr. Pravas observed, that he was inclined to think that patients undergoing orthopedical treatment should be gradually prepared to stand without any support, as this was the main object in view.

It is, therefore, evident that Mr. Pravas was aware of the difficulty of maintaining an erect position, after long continued extension. This gentleman, knowing the difference between lengthening the human body and giving it strength, is by far too honourable to attempt to mislead the faculty, or parents, confiding to him their children.

Mr. Pravas then endeavours to ascertain whether there is no possibility of finding a substitute for extension, at least for a stated time.

If we give our attention to the different machines which have been in vogue for the object in question; such as Lorraine's cross, the stems of Lavachez and La Feutrie, Chester's collar, Ambroise Paré's machinery, Portal's apparatus, Delpech's lateral belt; Bouvier's chair, with crutches; Pravas's elastic corset; we shall find that all orthopedists have sought means to relieve the body from its own weight, but not to give to the muscles, by daily exercise, the strength necessary to keep the spine straight.

According to the general opinion of orthopedists, *extension* is the most desirable method of attaining this end. But how does man walk? How does the serpent, having its body formed of innumerable rings, stand erect? Has it crutches or belts? Is it not supported by the sole strength of the muscles? How is a mast drawn up and supported?

It is certain that the spinal column, composed of twenty-four pieces, united by ligaments, tendons, and muscles, and separated by cartilages, cannot be exactly compared to a mast; which being inflexible, is drawn up in a single piece; and yet man can only stand erect by the aid of muscles and levers, which represent the ropes that fix and strengthen a mast. Each part of the spinal column is drawn by particular muscles; when once erect, each vertebra is a support for the other; it is not then a single mast drawn up, but so many pieces, the whole of which forms but one mast and jointed column kept erect.

If the muscles be weak on one side, the spine inclines that way; the body then endeavours to find its equilibrium, by leaning on the opposite side; the muscles are in continual activity; neither stays nor crutches can support the body; the head, arms, and other parts of the body must be put in action, to maintain the equilibrium.

Some historians relate, that in the time of Sixtus Quintus, a fine obelisk was brought from Egypt, and put up in Rome. The power of steam was not then known; the obelisk was not straight, and the ropes being already much stretched, it was not judged prudent to draw them tighter. A man, in the crowd, called out to wet them; the next day the obelisk was straight.

The practice of wetting the cords is very common on board ship, and seems to indicate what should be done for the muscles of the human body. Bring into the weak muscles and cartilage, the nourishing sap destined to fill the cells; let the muscles be imbibed with nutritive elements; do not allow them to be continually stretched, but give them all possible strength; and as this essential point cannot be attained without exercise, this important object must always be taken into consideration in every thing relating to orthopedy. What can be expected from those tight stays, confining the body, and preventing free motion; will they give strength to the muscles?

The most celebrated orthopedists, though they had solved the problem of spinal deviations, when they strongly recommended extension to be local, so as to fatigue as little as possible the healthy parts of the spine, and to concentrate all extension to the curvature, and to combine muscular exercise with extension, so as not to leave the body in continual inactivity. But could this extension be local on a few depressed cartilages; and then again did the muscles require extension to maintain the equilibrium of the spine? and the deviated part being stretched, is it not naturally weaker?

Orthopedists felt there was something wanting; that their method was defective, and that there was much to be said against it; and they sought to make up for the evident deficiency, by proposing to combine exercise with extension.

The support extension had hitherto received was undoubtedly a drawback to improvement in the art of rectifying spinal deviations. M. M. Guerin, Pravas, Bouvier, Maisonabes, follow the same principle, with very slight differences; the one recommends extension and muscular exercise; the other extension, crutches, arm chairs, supporters.

M. Hossard then appeared with his reclining system, and brought down upon himself the direful wrath of orthopedists; for what was to become of them, if expensive mechanic beds were dispensed with; and what patients could they expect, if Mr. Hossard's method was adopted?

But while all orthopedists were in favour of extension, M. Hossard rejected it. Instead of pulling both extremities of a curved stem, in order to straighten it, M. Hossard presses on the summit of the curvature, and it is not a foreign agent which rectifies the vertebral column, but the muscular action caused by the laws of equilibrium.

To banish extension in the treatment of lateral curvatures; to substitute complicated and expensive machinery for a simple, and

cheap apparatus; to reject bands, belts, corsets, and to extension and traction, to which young girls are so wanted, is undoubtedly to render an important service to and science.

But is this progressive step the last hope of improvement in orthopedy; is there no objection to be made to this? Does not this inflexible stem placed behind, affect the rest of the body, and may not the double belt fastened to prevent free respiration? When the spinal column is twisted, is there reason to hope that traction will rectify the twist? If not, and in giving all due praise to M. Hossard, we are nevertheless of opinion that he has not reached the degree of perfection to be sought in orthopedy.

I was lately conversing on this branch of scientific surgery with a french civil engineer, M. Duvergier; and was so forcibly struck by the clearness of his ideas, and the simplicity of the method suggested, which seemed to me to surpass any yet given, that I begged this gentleman to favor me with a written statement of his views, wishing to make them known to those who study orthopedy, and I have had them translated for the benefit of my readers. In my former letters I have fully expressed my aversion for bands, traction, and extension, and as my opinion corresponds with that of the gentleman above mentioned, his observations tend to confirm the statements I have already made.

I terminated my last letter by saying that to act in a direction to the mode of action, causing the deviation of the spinal column; to straighten a crooked stem, and not to increase it, is the principle on which the treatment of spinal deviation, or of scoliosis, in muscular weakness, bad attitudes, and neglected education, should be founded.

"Every art," says M. Duvergier, "is a cyclopedia of all human knowledge is useful to the medical man; and at the present day, both the success and failures in surgery are founded on this truth.

Mechanism opens a new career to operative medicine, and in the last twenty years it has tended to prevent, conceal, and cure human infirmity. The greatest obstacle to the progress of orthopedy is profit. For the practitioner and the patient, the object is a cure; but for the spinal operator to boast of a cure, and carefully to conceal his secret, is success.

Deformations result from modifications occurring in the position of the muscles, and on the surface of bony articulations.

The object of orthopedy is to replace the patient in his normal state, so that time may re-establish the disorders of the spinal positions. Europe has judged the barbarous method of gymnastic may prevent, but does not cure deviations; it develops the power of certain muscles, without changing their proper position, deformation is a question of length.

The remedy is therefore to be found in *pressure*, but deformation is never single; it not only modifies the length of the muscles, and the surface of the osseous articulations, but changes the proportions of the cavities and the viscera they contain; it destroys the natural equilibrium, to re-establish which the head, arms, legs, take new positions, and it is only gradually that the injury can be remedied; violence would endanger the whole organization.

The funicularis method answers all the requisite orthopedic purposes.

The direction and proportions of deformations are infinite, but all are either tortionary, direct, or composed. If the left shoulder be too forward it must be drawn backwards by an elastic string fixed to the right hip, the equilibrium will be destroyed, and to restore it the other shoulder will come forward.

If the left shoulder be too high the elastic strings of the left hip, one behind and one before, will force it down, and the opposite shoulder will rise in proportion.

If the left shoulder be out, the elastic strings of the right hip will bring it in, and force the opposite shoulder out.

If the strings be elastic, the patient will gradually recover her normal shape, and during the treatment, is left in full possession of all her faculties, and her health is in no way affected."

These observations require no commentary. The application of this remedy is easy, attended with no danger, and the result certain. There is a fact in physiology that no one will dispute; we all seek to avoid pain. If there be discomfort in one part of the body, we naturally seek for ease. In the funicularis method there is not only discomfort for the extra-developed side, but gradually drawing it in a different direction, the body cannot maintain its equilibrium without muscular effort, and these efforts bring forward the nourishing sap which strengthens and shortens the muscles that support the equilibrium of the body. The wide difference between the funicularis system, and that of the ancient and modern orthopedists, is that the latter do not admit the possibility of straightening the vertebral column, without lengthening it, and drawing the extremities; but we imitate the poor man who taught the Romans the power of funicular imbibition. We compare the muscles to ropes; in deviations, these ropes are too much stretched on one side, not sufficiently on the other; our aim is to give them equal power. If a skeleton cannot be kept erect without the assistance of muscles; if the human equilibrium be destroyed because all the muscles are not in their normal state, how can so little attention be given to the part they play in causing deviations and in producing a cure? I believe I fully explained in my first letter, that I did not here treat of diseases of the bones, and I shall now merely add that by the funicularis system spinal distortions may be cured, and that hitherto no other method has succeeded.

I regret that my previous engagements do not permit me to

continue these letters, and to give to this interesting subject, the necessary development, but these details are in the second edition of my work on Physical Education of young ladies, in which I have treated the question of orthopedy so as to render it useful, not only to medical men, but to all mothers and governesses. Serious and complicated cases may necessitate professional assistance, but good sense and correct observation suffice to counterbalance the evil effects of ill directed education, bad habits, and slight deviations. For the future, instead of mechanical beds, iron bars, heavy belts, a few ribbons will alone suffice, and these seem to us the only ties adapted to the delicate figures of young ladies, bred and born in large cities.

I am, dear Sir,

Ever most faithfully your's,

22, NEWMAN STREET,
1st JULY, 1837.

BUREAUD RIOFREY.

Researches on NEPHRITIS, or INFLAMMATION of the KIDNEYS.

By PROFESSOR CHOMEL.

THE diagnostic of the inflammation of the kidneys sometimes offers great difficulties. In its acute form nephritis has a great resemblance with several other abdominal affections, such as partial peritonitis, inflammation of the stomach and intestines, nervous colics, acute rheumatism of the psoas and iliac muscles of the lumbar region. Sudden and acute pains, mostly near the kidneys, bassinet, and ureter, their progress or extension from the kidney to the bladder. The numbness of the opposite thigh, pain on pressure near the kidney exclusively, in men painful contraction of the testicle; the pains are so intense, that patients sometimes utter the most piercing shrieks, and make the strangest contortions; they retain the power of bending and raising the body without greatly increasing the pains; nausea, vomiting, accompany the exacerbation of the pains, which are irregular; they decrease or increase, entirely disappear, and then come on with almost unbearable intensity: there is marked alteration in the secretion of the urine, for instance, suppression, or mixture with blood or gravel; such are the signs best calculated to fix the judgment of the practitioner, and their union leaves no doubt as to the seat and nature of the disease.

If the accidents arise a second or third time; if without having had nephritis, the patient has already voided blood or gravel with urine, in all these antecedent facts, the practitioner has new signs,

which may enlighten him, and arrest his attention at the commencement of the disease. But in most cases the evil is not accompanied by all these symptoms, and the diagnostic offers difficulties which compel the physician to suspend his judgment, not only in the early stages, but even sometimes after the termination of the disease.

In cases for instance, in which, after having observed the rational signs of nephritis, and particularly the speedy progression of acute pain from the kidneys to the bladder, in the direction of the ureter, these accidents completely disappear, without any foreign body being found in the urine, or without any show of blood, it is often very difficult to determine whether there has been inflammation of the kidneys, or rheumatism of the lumbar muscles and psoas. If we read attentively the history of Boerhave's disease, as related by Van Swieten, we shall find in the sudden invasion of pain, in the nausea that accompanies it, in the vesical tenesmus, much reason to doubt that he was correct in supposing he had only a lumbago.

As in nephritis, urine furnishes the best means for establishing a diagnostic, too much attention cannot be given to this fluid. It will not suffice to recommend that the urine be not thrown away for four and twenty hours, but it must be examined immediately, before it may be thickened by cold; if any sediment be found, it should be put into water, and kept till the arrival of the medical attendant, who, by the consistence and aspect, will judge of its importance.

By this continued and attentive observation, during the course of acute inflammation, a just opinion of the character of the disease may be formed; while by neglecting these means, doubts may exist.

It is also of the highest importance, in cases where circumstances may lead to the suspicion of nephritis, to pay particular attention to the produce of some other excretions; thus the urinary odour of cutaneous transpiration may become a sign of some importance, in case of complete occlusion of one of the ureters, or simultaneous inflammation of both kidneys; the urinary odor of the pus escaping by fistulous course accounts for the origin of this fluid: in cases similar to that of Fanton, where the pus ran into the colon, and was excreted by the anus; and that of Dehaen, where the left lung and the kidney formed a large sac, a more attentive examination of the pus, either by the smell, or by chemical reactives might probably conduce to discover the origin of the fluid. I say probably, because the alteration of the kidney might be carried to so high a degree, that the secreted fluid would not contain any of the characteristics of urine.

The diagnostic of chronic nephritis is, in many instances, most difficult, especially in those in which the cause that has given rise to inflammation, has at the same time produced complete occlusion of

the ureter. Nephritis may also be mistaken for a disease of the spleen, or of the pancreas, caries of the vertebræ, chronic rheumatism, enkysted tumour; and in females, a disease of the ovaries.

The seat of the pain, a tumefaction, more or less apparent, the sensation of weight in the region of the kidneys, which, according to Galien, the patient would only feel while lying in the stomach, vomiting, engourdissement of the flank and the corresponding thigh; and in man, even the painful stricture; and later on, swelling of the testicle, are not symptoms sufficiently certain to be diagnostic in cases, not confirmed by the examination of the urine.

If the presence of pus or blood in the urine, leads to the suspicion of an affection of the kidney, it must be remembered that an ulceration or cancer of the bladder, or calculi in the viscera, an abscess opening in its cavity, an engorgement of the prostate, also give rise to these symptoms; and before an opinion is formed it is therefore necessary to ascertain all past circumstances, to explore the urethra and bladder in both sexes.

Prognostic.—Whatever may be the form or degree of inflammation of nephritis, it is always a serious disease.

It is of a far less alarming nature when the inflammation is caused by external violence, or when it is not very intense, when it arises without any apparent cause, and is owing to the presence of calculus in the bassinets or ureter; the disease is not so dangerous when it does not threaten the existence of the patient, is not so apt to inspire a fear that the disease will appear in different forms, more or less often; that it will eventually cause suppuration of the kidney, and the death of the patient.

When the disease has become chronic, and the kidney is wasted, or there is hectic fever, death is generally the result of the malady. But there are examples of individuals who have survived this complication of alarming symptoms. Accompanied by his friends, MM. J. Cloquet and Louis, we saw a patient reach the last stage of marasm, by suppuration of the kidney, accompanied with hectic fever, which lasted three months; yet he regained the appearance of almost perfect health.

Forestus related the case of a priest, aged forty-five, who, during the last three months, voided urine mixed with pus, sometimes with blood, and who, owing to this affection, became very thin. Mild diet, composed chiefly of milk, restored him to health. He also mentions two other cases, in which suppuration of the kidney was treated with equal success.

But a much more remarkable fact, which leaves no doubt of the possibility of the cure of nephritis, with suppuration and destruction of the tissues of the kidneys, occurred at the Hôtel Dieu, in 1835.

Jean Latour, aged seventy-one, a comb-maker, of robust constitution, and general good health, was brought to the Hôtel

the 30th of July, 1835. Three days before, he had suddenly felt violent pain in the head; hemiplegy to the right, and fainting. There was total absence of motion and feeling on the whole of the right side of the body; the patient was bled in the arm, and cupped on the nucha, the inferior limbs were covered with revulsives, and aperient injections were administered.

The patient died on the 4th of August, without any indication of the pathological alteration of the right kidney, nor any account of the succession of symptoms to which this alteration certainly gave rise.

When the body was examined, there was white *ramollissement* of the brain outside rather above the left *corpus striatum*, being fifteen lines long, to eight in height and width, and without the least trace of sanguine effusion. There was also a considerable sub-arachnoidien œdema.

The heart was nearly double its usual size, and the left ventricle alone formed three parts of the mass. There was concentric hypertrophy, and the cavity was very small. There were also bony plates in the aorta. But the most important alteration in the present instance, was that of the kidneys.

The left kidney was twice its normal size; it was red, and perfectly healthy in every respect. Instead of the right kidney was found an irregular mass, which, carefully dissected, offered a sort of membranous sac, nearly the size of a pigeon's egg, formed by the calices, the bassinets, and ureter, and containing about half an ounce of clear fluid. Round these membranous sacs there were no traces of coriaceous and streaked substances. An abundant cellular tissue, yellow, and mixed with greasy flakes, united these parts.

The *surrenale* capsula is very distinct, and in its natural state. Two inches from the bassinets, the ureter, which is three times its usual size, is closed by an ovular calculus, black, hard, and which entirely obliterates it. Above the obstacle, the ureter is small, but still free, opening as usual into the bladder; this latter organ is perfectly healthy.

This fact, as we have already observed, leaves no doubt, as to the cure of calculous nephritis, with suppuration and destruction of the renal tissue, and it will be easy to prove it. The presence of a calculus in the ureter, the dilatation of this tube above the calculus, and its narrowness below, do not permit us to say that the anatomical conditions of the kidney were congenital. If this patient had only the rudiments of a kidney, it would be quite impossible for a calculus to have been formed, or that a calculus caught in the urethra could give rise to alterations in the diameter of this tube.

The supposition of impeded development, or malformation being inadmissible, we are obliged to recognize a diseased kidney in the small membranous kyst, where the renal vessels meet, and from

whence the bassinet issues. As a kidney cannot be reduced to a state of a membranous point until it has undergone a destruction that has made its own tissue disappear, and that this dilatation and destruction never exist without occlusion of the ureter, and contraction of the kidney, it results, in the first instance, that the state to which we allude, had undergone this alteration, and so that this alteration is not necessarily dangerous.

Treatment.—The treatment of acute nephritis is in general founded on the same principles as that of other inflammations: general bleeding and cupping on the renal region, repeated according to the intensity of the affection, and strength and age of the patient; baths, hip baths, soothing poultices, or fomentations; mucilaginous injections; cooling beverage, such as whey, emulsion, decoctions of barley, marshmallow, linseed, are the means generally employed.

Independently of indications common to nephritis, and phlegmasia, there are some which peculiarly appertain to nephritis. The degree of heat in the whole body, and most particularly in the lumbar region, caused by lying on a soft bed would be very serious.

The well known utility of placing the inflamed organ in a state of repose, furnishes another and special indication. The alkaline beverage recommended in other phlegmasia, would in nephritis increase the action of the kidneys, the patients should therefore drink sufficient to allay their thirst, and in very small quantities at a time, particularly when the suppression of urine gives rise to fear the complete occlusion of the ureters. The beverage should be tepid, if cold, the secretion of urine would be increased.

Another important point in the treatment of acute nephritis is, to insist on the patient remaining as quiet as possible. Absence of a calculus is almost always the cause of the inflammation, the least change of position in the patient might suffice to excite on sudden and intense pain. There are, however, exceptions to this precept of complete immobility; it is not applicable in cases where the intensity of the pain naturally leads the patient to move, or on the floor. In these exacerbations, immobility is only impracticable, but might be prejudicial. Indeed, when the most important not to move during the cessation of pain, there is no reason for remaining still when the pain is so intense as to admit of increase.

Narcotics, sometimes employed with advantage in severe phlegmasia, particularly in dysentery, are mostly indicated in inflammation of the kidneys, on account of the pain, which usually surpasses that which takes place in other inflammations. Consequently while we have recourse to antiphlogistics, we must hesitate, when the pains are very great, to make the patient take every hour, or every half hour, half a grain, or even a grain of opium, either in pills, or in a draught; it is generally pre-

in a draught, because it acts more speedily; but if the nauseous flavour of this remedy increases the vomiting, pills are more desirable, and injections are still better. The decrease of pain, or a commencement of narcotism, shew when the use of opium should be continued or suspended.

If an active revulsion towards the skin appears requisite, the special seat of the inflammation necessitates some precautions in the choice of the means employed to produce it. The use of cantharides must be avoided, which even externally in some persons produce in the urinary passages accidents analogous to those we propose to combat. Consequently when it is necessary to produce rubefaction, or vesication, we must scrupulously abstain from tropical cantharides, and employ some other, such as flour of mustard, or ammoniacal pomatum.

When nephritis has given way to these remedies, the patient must not remain in ignorance as to the possibility of a recurrence of the disease, if he be again placed in the same conditions as when the disease was first developed. When the accidents have completely ceased, without gravel having been found in the urine, or without a calculus falling in the bladder, the patient should be recommended, if he has felt symptoms of acute nephritis, to follow the regimen prescribed to individuals who have actually had calculi in the kidneys.

This regimen consists principally in the use of vegetables, cooling and diuretic beverage, especially alkaline waters, taken in large quantities; abstaining from heating liquors and food, and violent and prolonged exercise, and remaining night and day in a cool temperature.

If after one or two attacks of acute nephritis, suppuration be formed in the kidneys, the case must be considered very serious, and the assistance of art merely tend to alleviate the pain, and prolong existence.

At all events, in some instances, there has been cure when suppuration of the kidneys existed. In these cases milky or vegetable diet; the establishment of one or more setons in the lumbar region; change of scene, climate, country air; alkaline mineral water, are means generally employed with the greatest chances of success, according to the state of the cases.

When the pus formed in the kidney tends to break out, it is advisable to open the abscess, whether deep or superficial, and seek for the calculus, and extract it, however deep it may be situated.

In a case of this sort, J. L. Petit was so fortunate as to cure an individual in whom he had taken a three-branched calculus from the lumbar region, and who, after the operation, had a urinary fistula. If the calculus be strongly adherent, the fistulous passage should be kept open by proper dressing, until the calculus could be withdrawn.

With regard to suppuration of the kidney, this disease is always of long duration; whatever may be its issue, it is necessary to keep up the strength of the patient, notwithstanding the state of the fever; but the nourishment must be mild, and of easy digestion.

I must again repeat, that at all periods of calculous nephritis the disease is calculus; inflammation is but a secondary phenomenon. We must, therefore, always insist on alkaline waters as high a dose as the digestive organs will permit, with double view of dissolving the calculi that may exist in the urinary passages, and to prevent the formation of new calculi.

Waters taken from their source are always preferable; because the patient can not only drink them, but can also have the advantage of baths. It is true there are some calculi which resist the solvent action of the alkali, but this calculi is very scarce, if compared to those dissolved, softened, or separated by reactives.

Some patients have given the name of albuminous nephritis to the disease described by Dr. Bright, under the name of granulous disease of the kidney. We have not mentioned this disease in our memoir, because we did not wish to mingle in common considerations two distinct pathological alterations.

LUPUS treated by Cauterization, and Arseniate of Soda.

By M. BAUDELLOCQUE.

Hospital for Sick Children.

SINCE last October there are two children in the hospital with lupus on the nose. Though the treatment has been varied and active yet these affections are not yet cured; however there is every reason to believe that the continuation of the same means may suffice to remove them entirely, as the improvement is great.

The two little girls have been subjected to nearly similar treatment. Both had a large scab on the extremity of the nose; the suppuration, caused by the ulcers under the scabs, escaped in several places. The scabs came off; it was found that the lobule of the nose was nearly destroyed by several ulcers with uneven edges extending along the nose. These ulcers were touched in several parts by nitrate acid of mercury, and hydrochloride acid; but the new scabs came off, and it was evident there was no improvement.

M. Baudelocque prescribed arseniate of soda, the sixth part of a grain. This dose was gradually increased to a quarter, then a third, then half. One of these little girls had violent colics, and the medicine was suspended; the other child did not suffer in the

same way. Caustic iodine was substituted for the abovementioned caustics; but the scabs were speedily formed again, and ulcers were found in the same state when the scabs came away. Mr. B. then tried the effects of a caustic, of which arsenic was the basis: the following is the recipe of this composition.

Quick lime four ounces, Sulphuret of arsenic an ounce, to be pounded; second lixivium magistrale, two tumblers; boiled till it thickens; to be kept well covered.

Mr. B. found this paste a valuable caustic in bad ulcers. It has been frequently employed in the hospital for children, and never gave rise to symptoms of absorption of arsenic; it was applied three times to the two young patients we have named.

When the scabs came away, the ulcers were covered with this paste, taken up with a spatula. The caustic soon acted, and caused great pain. The children complained sadly all day, and a large dark scab was formed by the following morning, which was three weeks coming off. But shortly after the cauterization, a few drops of sanies escaped, which shewed that the ulcers were not cicatrized. A third application of caustic was made, and as the scabs seem quite dry, and there has been no further discharge, it is to be hoped cicatrization has taken place.

During this treatment, arseniate of soda has been administered, though suspended several times, either for the colics, as we have already stated, or for acute ophthalmia, with which one of the children was affected. No change has been made in the regimen, and every week an aperient draught was given.

On the origin of CANCEROUS TUMOURS in the BREAST,
and the means of preventing this fatal termination.

By M. LISFRANC.

THE 7th of November, 1836, a woman left the Hospital de la Pitié, where she had been for several weeks, with an inflammation of the breast. Several abscesses were opened by M. Lisfranc. The wounds were gradually healed, yet there remained various small engorgements; when the woman insisted on leaving the hospital.

M. Lisfranc observed, that engorgements of this description were very common after parturition; but, unfortunately, females gave very little attention to them; sometimes they were removed by the assistance of nature alone; but they were also known to remain indolent for many years; give no pain, cause no uneasiness; but when menstruation ceased, these indurations, hitherto so indolent, became very painful, and were transformed into as many schirrous tumours.

Most of the females, who have their breasts amputated, admit that neglected engorgements have been the origin of schirrus.

When surgeons are called to remove engorgements, after they have existed two or three years, they find the greatest difficulty in bringing on a resolution; whereas, if they be recent, a few sanguine evacuations, poultices, and baths, remove them in a few days. The greatest attention should therefore be given to these engorgements, as by a simple medication, a cruel and fatal disease, which baffles the powers of art, may be prevented.

These considerations on the cause of most of the schirrous indurations of the breast, lead us to examine this important question:—

Which are the engorgements of the breast we should endeavour to resolve?

Many practitioners have unhesitatingly declared, that these indurations should be extirpated with the bistoury, and others recommend attempting resolution. M. Lisfranc thinks that between these two extremes there is a more rational method, and that distinctions must be established before any step is taken.

Many patients, of lymphatic constitutions, admit they have had swelled glands of the neck, under the arm, and in the groin; some have had glands of this description in the breast, which have gone off unaided.

These circumstances may lead to the presumption that the engorgement of the breast, at present existing, may be a lymphatic engorgement. Cold abscesses are as liable to be developed in the breasts, under the arm, and in the groin, as elsewhere. The engorgement of the lymphatic ganglia developed under the influence of this cause, may, in the first instance, be overcome by milder means than extirpation; and even admitting that this induration may one day degenerate, and be transformed into a cancer, is it not rational to attack it by all the dissolvents known in medicine, before we have recourse to an operation, which, however slight it may be, is always attended with danger, and what objection can be raised against this proceeding?

An engorgement of the mammary gland does not suddenly increase; the constitution is not from one day to another invaded by diathesis; and if the dissolvents are judiciously employed; if the stages of the disease be carefully followed, is it not full time to have recourse to an operation, when medicinal means are found to be important. At all events, the utmost that will have been lost, is a little time, and surely this is nothing, when the object is to avoid a cruel operation.

It must not be forgotten, that there are cases in which it would be rash to attempt to use dissolvents; if the tumour be recent, not very large, no inequality on the surface, not hard, resolutives should be employed. If, on the contrary, the tumours are as numerous as four or five, hard, voluminous, adherent; if there be engorgement in the armpit; if on certain parts of these tumours there be ramollissement, dissolvents instead of arresting the course of the disease, would hasten the carcinomatous degenerescence,

and the operation must be performed without delay, if it be not too late.

M. Lisfranc does not attempt to obtain the resolution of schirrous tumours; he is not aware whether the engorgement of the breast is complicated with inflammation, or whether they are produced by inflammation; but it is certain that in many cases resolution has been obtained when there was sufficient cause to shew the necessity of extirpation.

In following the rules prescribed, in seizing the characters indicated, dissolvents and antiphlogistics may be employed, but if there be reason to suppose that success will not attend these measures, they must on no account be resorted to, however desirous the patient may be to make the trial, in order to avoid an operation.

Observations on FURUNCULUS PANULATUS.

By M. ALIBERT.

THESE boils were very long since designated by the name of *furunculi panulati*, because when the tumour broke there was an oval perforation. Mr. Alibert did not think it right to change this denomination.

These furunculi are very long coming out; they sometimes remain for years in a state of *crudité*; they dry up in their sphere of irritation, and when scratched are gradually reduced to dust; they may grow on all parts of the body, and after they disappear, there remains for a long time an ecchymosis similar to that which preceded their apparition. The furunculi panulati ought not to be confounded with various eruptions met with in the facial tegument.

The following case is a striking example of the furunculus panulatus:—

A man of a sanguine constitution, fat and strong, is accustomed to hard labour; he has never had any syphilitic disease, nor any other disease of the skin than the present one. Eighteen months ago, a red spot appeared on the lateral side of the nose, on the right; this point was like an ecchymosis, but after many weeks, a small hard tuberculus appeared; it gave no pain, it could be pressed under the finger. This tubercle remained *eighteen months* stationary, gave little suppuration, and disappeared. Some other tubercles occurred, and remained a very long while. Some are still existing; pressed by the finger they give no pain, but what is constant is the red spot, sometimes bluish, which lasts long before and after the tubercles.

M. Alibert employed, with some advantage, *nitratis argenti*, for the cauterization of the furunculi panulati.

THYMIC ASTHMA of INFANTS.

THYMIC Asthma of children is more common than it is generally supposed to be. Who has not seen infants come into the world with difficult respiration, and live only a few weeks or months without being able to get the better of this affection? No pains were taken to ascertain the cause of their death, life is so uncertain immediately after birth. The lost child was compared to a plant which could not take root.

Nevertheless, it was evident that the cause of the dissolution was in the air passages, the disease bearing great resemblance to Millar's asthma, although its progress be slower, its attacks more frequent, and of shorter duration.

M. March, of Dublin, having seen a child expire from suffocation, attributed its death to spasm of the glottis; but it was only a conjecture, which he did not attempt to verify by a post mortem examination. He did not think of the thymus, which only necessary to intra-uterine life, was to be effaced, or scarcely leave signs of its existence after birth. Mr. March was mistaken.

Mr. Hood opened six children, victims of this spasm; found the gland of the thymus of an anormal size.

The publication of these pathological cases attracted the attention of observers; researches were made in scientific books, and in the works of Reicha and Vedries, written a century back, it was said that the asthma of children often originated in *hypertrophy of the thymus*. Since then, Dr. Frank has shewn that infantine asthma is often caused by extraordinary swelling of bronchial glands, and of the thymus.

In 1810, Dr. Brera verified this assertion on a child, a few weeks old, suddenly suffocated. Had the body not been opened, its death would have been attributed to Millar's asthma, so great was the similiarity; but for what we know respecting this disease, that may be considered satisfactory, we are indebted to Dr. Koop, who has collected a great number of cases in his own practise, as well as in that of four of his brother practitioners; of which he composed a memoir, and read it at the academy of Heidelberg.

The characteristic symptoms he pointed out, were: 1st. Periodical suspension of respiration, accompanied by acute screams, and great anxiety. 2nd. The return of fits of suffocation when the child awakes, screams and tries to swallow. 3rd. The tongue being put out, and passing the lips permanently. 4th. The *trismus*, which is joined to these three symptoms, and terminates in death. Such is the form of infantine asthma. Dr. Koop attributes the disease to the extreme development of the thymus, whose size weighs on the air passages, and the centre of the circulation.

Dr. Brera fully coincided with Dr. Koop, appreciated the value of these symptoms, and gives a full exposition of organic alterations

erates the remedies proposed by clinical practitioners, and that thymic asthma attacks children of three weeks, and frequently those from four to ten months, till a year and a half

a noise of the inspiration is analagous to that of the inspiration in hooping cough; only it is more acute, more piercing. When breathe five or six times, and the same noise is heard before they make an expiration, which is as noisy as in violent attack of asthma; respiration is suspended, and if the child be not immediately suffocated, the acute cry is heard each time the little child breathes, till the respiration becomes free.

cessary signs.—The other signs generally met with have nothing remarkable; they depend on difficulty of respiration, such as is seen in hysterics and asthma. Thus, the body is thrown into motion, the face drawn, it is livid, then becomes pale; the nostrils dilated, the eyes fixed, the hands cold, the thumbs drawn in, the excretions sometimes involuntary. The attack may last two, or three minutes: when it is over the child moans, and is uncomfortable, but soon regains its usual temper, though it remains pale, is oppressed, and shews an inclination to sleep.

When you compare one of these young patients with children in good health, you will recognize it by its tongue being continually out of the mouth; and during the intermission of attacks, the motion of the heart is not distinctly felt. Any effort of respiration made by the child, either by screaming, laughing, swallowing rapidly, or yawning, may bring on suffocation.

In the first instance, the fits occur every eight or ten days; but gradually become more frequent, and as many as twenty in one and twenty hours sometimes take place.

It is by no means uncommon to see the poor little patient perish as though it were struck by lightning; though infantine asthma may take a chronic character, and terminates in epileptiform convulsions. The muscles, lumbricales of the hands, and the adductors of the thumbs, remain contracted. There is much to fear at the age of three weeks to twenty months; the symptoms preceding death are those of apoplexy, and asphyxia.

Where is the seat of the disease? The nature of the symptoms of the disease, and the suddenness of death, could only tend to a conclusion, before the scalpel was used, and made this discovery; the phenomena of life emanate from the circulation of the blood, respiration, and innervation. The encephalus and its appendages, have a direct influence on the heart and lungs, which receive from them a similar impulse. These three organs perform their functions in mutual dependence, and form between them a perfect union. If we examine the phenomenon of life, we shall find it proceeds from the encephalus to the heart by the nervous system, the blood impelled by the ventricles of the heart is the basis of life; and the lungs, by means of the air breathed, assist

in reviving the blood. Thus do these three masterpieces act; they give a general impetus, and constitute life; each of these functions necessitate the action of the other, and cannot exist separately. If there be absence of air in the lungs, or absence of blood in the heart, or want of nervous fluid in the encephalus, death is the immediate consequence; the subject may pass, without warning, from health to death.

The practitioner might, therefore, foretel, when he saw a child die suddenly, just as it awoke from sleep, or after laughing or gaping, that the primitive or consecutive cause of death, was in the alteration of the brain, heart, or lungs; and, in fact, the skin is livid, there are stases of blood in the brain and lungs; the heart is flabby, and sometimes retains *le trou de Botal*; but the most constant and essential alteration is hypertrophy of the the thymus; that is the root of the disease; the excessive development of this gland is both in length and breadth, and mostly in thickness. The lungs are repressed, pushed backwards, and applied against the arterial trunks, venous or nervous, with which they contract adherences, more or less extended to the neck and chest. It has been more than once observed, that the mass of thymus with edged borders embraced, and strangled the organs.

The tissue of this gland is sometimes in a normal state, but more frequently hard, and red, without any appearance of inflammation, carnification, or any other degenerescence; if cut in two, a milky fluid escapes. Its weight varies from six or seven grains to an ounce.

Dr. Brera has seen the thymus, two inches wide, extend from the thyroid gland to the diaphragma, and in its course strangle the trachea, the lungs, the heart, the vessels, the nerves, &c. Another time, it was found adhering to the same gland, and covering the whole heart, so that the motion of this organ was very much restricted, indeed, nearly extinct. In a third case, the thymus was so lengthened, that it surrounded and strangled the jugular veins, the innominate, and carotid arteries.

The predisposing causes are the constitutional weakness of the child, the diseases of the uterus, before and during pregnancy, and the affections of the glandular system to which certain families are subject. It cannot be doubted that catarrh of the bronchi, dentition, and affections of the abdomen, complicated by engorgement of the mesenteric gland, may favour the development of the thymic asthma.

The prognostic is always alarming. There are no preventive means, and the disease left to itself, must terminate fatally. But our author thinks, that by assiduous care in the first instance, there may be hopes of arresting the disease. During the attack the child should be bent forward, and gently patted on the back, to facilitate the respiration; if the pulse be gone, efforts are made to restore circulation; the patient is placed horizontally, and cold water dashed on the face. In cerebral congestion, leeches are applied on the sides of the neck, and towards the superior intercostal

spaces. After the fit, the spasms are relieved by small and gradual doses of laurel water, tincture of assafoetida, or musk, and cyanure of zinc.

When the child is strong, the seat of the disease, or the morbid condition of the thymus, is medicated by means of frequent local bleedings, energetic purgatives, either with laurel water, or hydrocyanate of morphia. With delicate children, bleeding and purgatives must be more scarce, and antispasmodics will be found preferable: for instance, the 20th part of a grain of musk, and acetate of morphia, three or four times a-day. Regimen is the most to be depended on as a remedy for hypertrophy of the thymus, provided it be supported by derivatives and resolutives. Thus, benefit has been derived from stibiated pomatum, spread on the sternum; muirite of barytes, as a salve, is still better; and while either of these are applied, a blister should be put on one arm to-day, and the next day on the other, without using cantharides. Internally, anionials joined to mercurials, iodine, prepared charcoal, extract of hemlock and sunflowers, and preparation of gold.

The practitioner of Padova, relates three cures obtained in this manner; two in 1831, and the third this year. To justify the title given to this paper, it should be modified, and we ought to say, that thymic asthma was known, but reputed incurable, previously to Dr. Brera's publication.—*Annali universali di medicina e Omodei*.

On ARSENIC.

In what quantity may arsenic be considered poisonous?

An important question in medical jurisprudence, and for the practitioner who employs, as a last resource, arsenical preparations, either in the treatment of intermittent fever, or in chronical cutaneous diseases. Asiatic pills, Rousselot's paste, Fowler's liquid, Linke Pearson's solution, the divers preparations of M. M. Alibert, and other *Dermatocures*, are so often employed, that the subject must be of the highest interest; and we hasten to analyze a memoir of M. Lachese, jun., professor of medical jurisprudence in the Medical School of Angers.

The author, after relating several cases of poisoning by arsenic, asks himself this question:—

In what manner does arsenic act?

The author refers to Sir Benjamin Brodie's memoir, which proves that arsenical acid, in the first instance, acts on the nervous system, the organs of circulation, the alimentary canal, and that death is the immediate result of the suspension of the functions of the heart and brain. But as Sir Benjamin Brodie does not specify under what circumstances the action of arsenic principally acts on

the digestive canal, or on the nervous system, the author endeavours to establish it. When arsenic is administered in small doses, and only once, its action on the stomach is not dangerous, and after a sensation of heaviness in this organ, and a bitter taste in the œsophagus, vomiting ensues, and removes all accidents.

If the dose be stronger, there is a sensation of weight, then pain in the stomach, then nausea, vomiting, and colics; a bitter taste in the œsophagus, before and during vomiting, general lassitude, weight in the limbs, that may last several days. The digestive tube is almost exclusively affected, yet the nervous system begins to be acted on.

If the dose be stronger, and taken at two different times, with the gastro intestinal symptoms are united, acute pain in all the limbs, general discomfort, great agitation, want of sleep, convulsive movements, and no power of exertion during four or five days. The action on the nervous system is far more striking, and causes the principal phenomena.

If a strong dose of arsenic be taken, the nervous accidents appear as soon as those produced on the intestinal canal, but they are much more serious, and are evidently the cause of death, or of the principal lesions which exist when death does not occur.

On the whole, the author thinks it may be said:—

1st. That when arsenic is taken in doses strong enough to cause death, it acts in the manner stated by Sir Benjamin Brodie, by suspending the action of the heart and brain.

2nd. This action is the more speedy in proportion to the degree of pulverization of the arsenic.

3rd. When arsenic is given in small doses it only acts on the stomach, and as the dose is increased, the whole intestinal tube is injured, the nervous symptoms are more speedily manifested, and acquire a degree of importance according to the strength of the action of the poison.

4th. Several weak doses of arsenic, given successively, are slow poison, as described by M. M. Chaussier and Orfila. Death appears rather to result from the alteration of the whole digestive system than from the lesion of the nervous system.

In what quantity is arsenic poisonous?

Dr. Lachese, forming his opinion from the cases he has seen, reasons thus:—

One-eighth of a grain of arsenic mixed in three or four ounces of bread, and taken by a person in good health, would only induce sudden vomiting. It appears that this dose of poison could not injure the mucous membrane of the stomach, nor be absorbed; it only creates an antiperistaltic motion; thus the stomach is freed from its contents.

When poisoned food has been eaten, each person may be saved by taking from $\frac{1}{4}$ to $\frac{1}{2}$ a grain of arsenic. The symptoms are sharp and assume a serious aspect; the mucous membrane of the stomach

is seriously affected, the irritation spreads rapidly to the intestines, then pains in the stomach, nausea, vomiting, colics.

The matter thrown up contains a sufficient quantity of arsenic to leave a bitter taste in the æsophagus, and a sensation of heat continues in the mouth and throat long after the vomiting, and the effect of the poison acts on the nervous system.

If nearly a similar dose be taken on the following day, the consequences are very serious; vomiting is attended with great pain, the colics more intense and prolonged, and the symptoms of gastro intestinal irritation lasts several days. The nervous system is also affected, as there is great pain in the limbs; insomnolency, weakness of the muscles, general discomfort, and lesion of the intellectual faculties. Therefore, the $\frac{1}{8}$ of a grain of arsenic introduced into the stomach in the midst of alimentary substances would suffice to cause vomiting. From $\frac{1}{4}$ to $\frac{1}{2}$ a grain would induce vomiting, colics, general lassitude; which symptoms constitute poisoning: the same dose repeated the following day would increase the accidents, affect the nervous system. Four successive doses, that is, from one to two grains, would cause *gastro enteritis* and *lesion* of the nervous centre sufficient to destroy life.

A young man, aged twenty-four, having an inveterate disease of the skin, took $\frac{1}{8}$ of a grain of arsenic instead of a $\frac{1}{16}$; he had never taken any before. For the space of a quarter of an hour he had a sweet taste; then burning in the throat, and vomiting; ten minutes afterwards he had a motion, and an indication to vomit.

Dr. Lachese concludes, from the preceding observations, that the question—in what quantity is arsenic poisonous? may be answered thus:—arsenic taken by a healthy adult, in doses of $\frac{1}{8}$ of a grain, may induce accident; from $\frac{1}{4}$ to $\frac{1}{2}$ a grain, the symptoms are sufficiently serious to cause alarm, and from one to two grains may destroy life.

On ATROPHY of the HEART,

By PROFESSOR ALBERS, of *Bonn*.

PROFESSOR ALBERS thinks that the English, French, and German practitioners have mistaken the accidental smallness of the heart for the real atrophy of this organ, in persons dying of phthisis, diabetes, cancerous diseases, &c. &c. But in the same individuals other organs are reduced to a small size, and if in these cases we examine the heart, its thickness will be found to correspond with the cavities; its weight, colour, and consistence are generally the same as in its normal state; and as during life, the accidents depending on a change in the heart have not been observed, we are authorized to enquire if the smallness of this organ may not be considered as a morbid state.

If the hypertrophy consists in the thickness of the walls, without any marked increase of the organ, as hypertrophies are found without this increase, hypertrophy cannot exist where the thickness of the coats is normal, and when decrease of size is the only apparent phenomenon. In this view of the case, according to Laennec, Andral, Bouillaud, there will be no real atrophy; the state of the heart must be termed a normal smallness, and not atrophy, it should be rather classed as microcephaly or microphthalmia.

Professor Albers has been so fortunate as to witness real atrophy of the heart, which has no connexion with the smallness of the heart mentioned by Laennec, and which is directly contrary to hypertrophy. Real atrophy of the coats with their cavities, in normal size, constitutes atrophy of the heart. The heart is less heavy than usual.

Thus, the heart of a strong man, after the vessels were taken away, weighed two ounces and a half; a weight not only anomalous but having very little connection with the size and strength of the individual. The thinness of the walls in these cases is remarkable; the wall of the left ventricle is not so thick as that of the right is naturally, and the wall of the right ventricle is equal in thickness to the auricle.

In cases where the heart weighed two ounces and a half, the walls of the left ventricle had at least one line and a half of thickness, and the right ventricle one line. In other cases the left ventricle had immediately above the tricuspid valve two to four lines, and if we admit seven or eight lines as normal thickness of the ventricle on this point the difference will be found very great.

In all these cases the thickness of the walls had everywhere decreased: they were soft, and of slight consistence; the colour of the muscular substance was sometimes dark brown, sometimes pale. The heart is rather dilated, particularly towards the right auricle, which is the consequence of the slightest resistance that the muscular atrophied mass may oppose to the blood. Atrophy may be circumscribed to the right or left of the heart. Professor Albers had met with atrophy of the right heart.

This atrophy of the heart exists without atrophy of the other organs, and without phthisis.

The following symptoms, according to Professor Albers, are the characteristics of this disease:—

In the first instance, there is difficulty in the respiration; the patients are much agitated, and cannot sleep; slight cough; respiration is difficult, and sighing frequent; the heart beats irregularly, and the patients feel a sort of shuddering at the precordial region; the hand applied to this part does not feel the heart beating: by the stethoscope they appear very weak. These phenomena return by fits, and are in these moments very manifest.

The pulse, during these fits, becomes insensible, and afterwards

beats 120 and 140 pulsations. These fits last two or three days, and then diminish till there remains nothing but oppression and weakness in the beating of the heart. In the early stages of the disease, these fits occur every two or three months; they afterwards become more frequent. The chief cause of this disease is long continued sorrow.

A woman of middling age, good constitution, had given birth to eleven children, and had just been happily delivered of a twelfth. For seventeen years she had been tormented by her husband's ill temper; she led a sorrowful and unhappy life; for the last twelve years she had been troubled with constant head ache and oppression; she felt an abnormal shuddering at the precordial region, with the pulse, or pulsations of the heart being scarcely perceptible; she seemed in a state of great anxiety, and had a slight cough. During this period she was confined five times; the catamenia appeared regularly, and excepting during her attacks when she was obliged to keep her bed, she seemed in good health, and walked up stairs with perfect ease. After having consulted several medical men, without deriving any benefit, she came to Bonn, to ask my advice.

When I first saw her, there seemed great oppression and anxiety; she could not sleep, was very pale, the extremities were cold, the pulsations of the heart and pulse insensible; the stethoscope only conveyed slight dumb sounds. These symptoms were somewhat allayed by repose and slight derivatives; the beatings of the heart were restored, but they were weak, and almost imperceptible; the oppression remained, and the hysteria frequent. A month after the last confinement the patient caught cold, and died in a week.

On a post mortem examination, besides lesion of the lungs, the heart was soft, separated from the large vessels; it weighed three ounces and a half. The wall of the left ventricle had three lines in the thickest part; the right ventricle rather more than a line. The right heart was slightly dilated. The heart was atrophied in all directions, and the fleshy pillars were smaller than usual.

Mr. de B——, strong and well constituted, fell from his horse, ten years since, after which he had an inflammation of the brain; he recovered, but continued in a state of melancholy. He was impressed with the idea that a great misfortune was to happen to him, which made him melancholy, and deprived him of sleep. In the latter years of his life, the beatings of the heart were so weak, that they were not felt, and could scarcely be heard; the pulse was very weak.

The patient had continued in this state six years, when having been caught in the rain, he had an attack of gastric fever, which was speedily cured by evacuations. But when the fever had disappeared, a pain was felt between the tenth rib and the umbilic. There was tension in the hypocondrium; want of appetite, great thirst,

constipation, fever came on, the pulse was 120 to 140 pulsations and the patient died in the course of five weeks.

Thirty-two hours after death, a post mortem examination was made; there was nothing remarkable in the cavity of the thorax excepting three osseous protuberances existing in the internal surface of the occipital, which depressed the dura mater and the pia mater, which were thick at their level. The heart was small, soft, and flaccid; of a deep red; separated from the large vessels; it weighed two ounces and a half. The left ventricle was two lines in thickness, the right one a line thick. The cavities were empty; the pulmonary pillars were so thin, that the largest was only one quarter of an inch thick.

In the abdomen, the capsula of glisson formed a pouch filled with pus, the size of the fist; the serous of the liver, the intestinal coat, and the cellular tissue, contributed to its formation. It was filled with pus, two large biliary calculi, and several small ones; in one of which, it contained the remains of the biliary vesicle, and the cystic canal, which was obliterated. The hepatic and pancreatic ducts were free, but deviated, and red. The stomach, the duodenum and the vena porta were slightly adherent; the peritoneum was injected all round.

Treatment of PLEURITIC EFFUSIONS.

By M. BAUDELOCQUE.

Hospital for Sick Children.

PLEURISY does not spare children more than adults. This disease gives rise to serous sero-albuminous, purulent, and empysematous effusions. When the patients come to the hospital in the early stages of the disease, and there is inflammation of the pleura, intense fever, acute pain in the side, is carried to a high degree; the vein may be opened, if the arm is not bled; if not leeches or cupping on the side the pain is felt. Withstanding the antiphlogistic treatment adapted to the age of the patient, and intensity of the phlegmasia, the effusion is forced out, else, if the patients are received into the hospital at this stage of the disease, the following treatment is had recourse to, and has proved most beneficial when there has been no complications of the disease. No bleeding, either local or general; no derivatives; no blisters, nor setons, nor stibiat plasters on the affected side of the thorax.

The patient should keep his bed, wear a flannel jacket, eat little food; these simple means have sufficed to induce resolution of effusions filling the whole of the pleura. Thoracotomy was not even thought of. This mode of treatment has not been resorted to for five years, and has proved most beneficial.

The same rules are applicable in pleuritic effusions of adults, and they afford equal benefit.

M. Lombard de Genève, ignorant of M. Baudelocque's experiments, wrote as follows on the treatment of pleuritic effusions:—

"Some time since, I judged it right to have recourse to very active treatment; cupping, blisters, mercurial frictions, and frequently repeated purgatives; but I found this active therapeutic did not generally accelerate the reabsorption of the purulent liquid; so that I am at present rather inclined merely to advise the use of hygienic means, at least in cases unattended with fever, cough, and difficulty of breathing.

The last cases I treated without any medication, went on very favourably, and quite as speedily as when active medicines were administered. However, I give this opinion with diffidence, intending, at a future time, to make known the result of clinical experience, which can only be solved by figures."

The results obtained by M. Baudelocque, for the last four or five years, leave no doubt as to the superiority of this method. Among the most recent facts, we shall give the following:—

Pleuritic effusion on the right, treated by simple hygienic means; speedy re-absorption.

Barbe Blondin, a child of nine years old, strong constitution, general health good, was received in the hospital, having been ill a month.

Cough, pain in the right side of the chest, dyspnea, vomiting; the young patient was obliged to keep her bed for a week. During the three following weeks the pain in the side was gone, but the cough continued; the right side of the chest was developed; there was no fever in the morning, but it came on at night; the appetite was good, but the strength did not return; and the parents made up their minds to bring the child to the hospital.

The 3rd of January she was in the following state:—lying on her back, natural countenance, pulse 90, respiration 24; heat of the skin natural, dry and frequent cough, no expectoration.

We proceed to the exploration of the thorax, and we find a morbid complication on the right side. The circumference of this side exceeds that of the opposite side by an inch and a half; the sound is *most* in the two lower thirds of the right side; the respiratory noise is slight and distant in the middle parts; there is none in the inferior ones. There is no bronchic or bronchophony, or egophony respiration heard. On the left side there is tympanic sonorousness; the respiratory noise is clear and loud in the whole extent of the lung; the tongue is large and moist; the appetite good; stools scarce. The chest was covered with flannel, and infusion of marshmallows taken as a beverage, and broth.

On the 4th, the percussion and auscultation of the thorax furnished the same signs, and confirmed the diagnostic obtained the preceding day.

On the 10th, the chest was measured, and there was little difference between the right and left side. The respiratory noise is louder, the cough is less frequent, the functions are in a fair state; broth twice a day.

The 20th of January, a diminution of nearly half an inch on the affected side; the pulse is calm, the heat of the skin natural, respiration free, urine abundant, and daily stools. A quarter of the infusion was given, and the patient allowed to walk up and down.

At the end of the month no difference existed between the two sides of the throat; the sound was nevertheless clearer on the right than on the left, probably owing to the presence of false membranes. The patient left the hospital early in February.

The result of auscultation and percussion of the thorax when the patient was first put under our care, left no doubt as to the existence of an effusion in the right pleura. These signs, as we have already had occasion to notice several times, are as striking as in the adult.

This effusion had been preceded by acute inflammation of the pleura, which had taken place a month back.

A phenomenon we had forgotten to notice, and which a few days before her admission into the hospital, had given great uneasiness to the mother, was vomiting after the evening repast; this is easily accounted for; the child's appetite was good, and effusions are towards evening generally accompanied by slight fever, which interferes with the digestion. Vomiting did not take place in the hospital, because the regimen was more strict. Under the influence of this regimen, and repose, the absorption of the effusion rapidly took place, and by the assistance of percussion, auscultation, and mensuration of the chest, we were enabled to watch the disease.

Observations on a species of MORBID HYPERTROPHY of the BREAST in Young Girls at the age of puberty.

By DR. FINGERHUTH, of Esch, near Cologne.

THIS species of diseased hypertrophy of the breasts has been but little studied. It does not consist in the development of new produce, at least at the commencement of the disease; there is but a slight increase of glandular granulation, with accumulation of fat in the cellular tissue, or change of texture in the glandular tissues. It is characterized by slow and gradual progress; by a species of uniform development, almost imperceptible, and total freedom from pain.

There are two sorts of hypertrophy of this description; the one slow, and almost imperceptible, occasioned by disorders in the functions of reproduction; the other more rapid and coincident with

the time of puberty. We shall, for the present only allude to the latter.

Progress and symptoms.—The mammary gland is tumefied, generally the right, seldom both at once; this tumefaction is preceded by a sensation of pricking, sometimes painful; the whole gland is attacked at once. This morbid swelling always occurs at the age of puberty, and coincides with the development of the breasts, generally when the young patients have not yet menstruated; or if menstruation is about to appear, the swelling does not then last.

At this period there is rapid growth in the breasts, even when the menstruation has ceased, and the patients sometimes complain of a sensation of pressure, which decreases after each period of menstruation; and it is also evident at the same time, that the rapid growth of the hypertrophy decreases, and progresses slowly; occasionally, the voice of the patient is altered; it becomes hoarse, remains so several days, then recovers its natural tone; then, again changes, without any apparent cause.

I have seen a patient, in whom this hoarseness coincided precisely with the period of menstruation. If the breasts be examined, the nipple is flat, and the aureola more extended; the tumour appears hard; but when there is an alteration in the colour of the skin, and the breast has acquired greater development, it appears soft to superficial pressure, and it is only by pushing in the fingers deeply, that the hypertrofied glandular granulations are felt; at this period the superficial veins are still more dilated, and give to the skin a blueish tint.

The disease continues to increase, the hypertrofied breast acquires considerable size, from eighteen to twenty inches long, and a circumference of from twenty to twenty-four inches, and from ten to twelve pounds weight. Cutaneous perspiration, and blood newly taken from the veins, have a peculiar odor, and this latter fluid contains a great deal of carbonic acid. While hypertrophy of the breasts increase, the rest of the body becomes thin, so that the increase of the size of the breast appears more striking, and its progress more rapid. The thoracic viscera suffer sympathetically; there is dyspnea, with oppression of the chest, a dry cough; sometime later, expectoration, with streaks of blood; the strength fails, hectic fever comes on, and the patient dies. Sometimes there are symptoms of hydrothorax.

Yet the ulterior course of this affection is not always precisely as we have described, as there are some differences with regard to its termination. The tumefaction of the gland may attain a certain degree of development, and remain stationary for a number of years, without the assistance of art; it may even last during life, without causing any other inconvenience, except that arising from the great size of the breasts.

CASE.—E. B., seventeen years of age, of strong constitution and

good general health, had been affected, during twelve months, a tumefaction of the right breast, which had greatly increased during the two last months. At the period of menstruation young girl felt her breast swell, but there was neither heat nor pain. Different remedies were tried, but without success; leeches, cupping, salivation; burnt sponge, leeches, aromatic fomentations proved useless.

When I saw the patient, the right side had increased nearly double the size of the left; the tumour was soft, not sensible to pressure, but on pushing in the fingers, glandulous granulations considerably swelled, were found. Each time the menses appeared the diseased breast increased considerably; it became stretched, heavy, and burning; but as the menses ceased, these difficult symptoms diminished, or disappeared altogether. The cutaneous dilated veins gave a blueish tint to the veins; the nipple was well formed, the aureola surrounding it longer and darker than usual.

I prescribed leeches, and frictions with iodide of mercury; in the course of four and twenty days, finding no change, I sought to give activity to the secretive functions, and to bring on an artificial secretion of milk. During a fortnight, I tried dry cupping on the middle of the breast, without any good result; it was on the 16th day, that a few drops of lactescent liquid were seen under the glasses; but the secretion gradually increased, so that I admit of the glasses being applied twice a day; three weeks afterwards the tumour had visibly decreased.

At the same time, iodurated baths were taken every five days, vegetable diet, moderate exercise, good air, and no medicine given internally. After following this treatment four weeks, the breast was considerably diminished; there was no heat, nor tenderness, but the patient felt the milk rising, and knew when to apply the glasses.

In three months after taking the iodurated baths, the diseased breast had nearly acquired its natural size; the blueish tint of the veins had disappeared, the cupping was applied more frequently, and the baths only taken every ten days; the secretion of the milk gradually decreased; by bathing the breast with water of bitter almonds it entirely disappeared. A stop was then put to all medication; the skin of the breast was wrinkled, its size nearly normal, the nipple was large, and the aureola of a deep colour, but there was no internal change of texture.

On the treatment of acute RHEUMATISM, by strong doses of Nitrate of Potassium.

M. GENDRIN, physician at the *Hôpital de la Pitié*, has written a paper on nitrate of potassium administered in strong doses in

treatment of rheumatism. This medicament was given to five patients exclusive of every other remedy. Four of these patients were rapidly cured, and the fifth still being treated; the pain after having attacked various articulations had settled in the knees.

Nitrate of Potassium was administered to all the patients in the following manner. A quart of barley water with three drachms of nitrate of potassium to be taken every day, besides a mixture of eight ounces, containing three or four drachms of the same salt, with a few drops of nitric acid to dissolve the precipitate.

As to the regimen, it was broth $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$. With the exception of one patient, they all become used to the medicament.

The most immediate effect of the treatment was the cessation of fever. The most remarkable secretion, the urine, which has always been considerably increased.

This treatment was adopted in the following cases.

A coachman 40 years of age, was admitted into the hospital the 31st of October. He was attacked with rheumatism for the second time. The second day he had acute pain between the shoulders, fever, and shivering; soon afterwards, a pleurodynic, which disappeared the fifth day; both the knees, feet and scapulo-humeral articulations were invaded. Nitrate of potassium was administered. The fever gave way on the fifth day, the pleurodynic on the ninth. All the other pains disappeared excepting those in the knees, which persisted to the thirty-sixth day. The other case was more fortunate. A woman aged forty was also attacked with rheumatism the second time. She had been ill five days when she came to the hospital. The wrist, the hips, the knees, the right-foot were successively invaded. The pains shifted from the right to the left side five days after her entrance, and all the articulations were attacked.

The influence of the treatment was only felt on the eleventh day. The fever was gone and the other accidents gradually disappeared. The patient left, perfectly cured, after thirty days treatment. The three other patients were subjected to this medication for eight, fifteen, and twenty days.

On the use of TANNATE of LEAD in gangrenous sores. By DR. YOTT.

This medicament was spread on a sore of a young girl, attacked with a severe nervous fever, whose shoulders, vertebræ, sacrum, left thigh, had become the seat of gangrenous eschars, some of which were very deep: hitherto all topical applications had failed giving relief, but the sore was healed a fortnight after the *tannate* of lead had been used. This same medicament had not succeeded when put in a liquid state on the gangrenous sores of a young girl who had a nervous fever with ulcers on both thighs, yet proved most successful employed with salve. Used in this manner, with a little boy

four years old, his gangrenous sores were healed in a week

Tannate employed in this case was obtained by pouring acetate of plumbi, drop by drop, on a decoction of oak, until there was no precipitate, then leaving the liquid to settle, and collecting the precipitate from the bottom of the vessel. Spread it on a bit of linen as if for a plaster. The salve used in this case is employed in the following manner. :—

Dried Tannate of plumbi 2 drachms.

Salve 1 ounce.

Well mixed and applied to the sores.

Signs by which ABSCESES round the articulation of the knee may be known,— Diagnostic different from the articular effusions.
By M. LISFRANC.

It is most important to retain the distinctions we are about to establish ; for if an error of diagnostic should lead to the opening of an articular effusion mistaken for an abscess, the result would be to develop accidents of so serious a nature as perhaps to cause the loss of a limb, or the death of a patient ; then again if an abscess was not distinguished from an articular effusion, the mass of pus which facilitates the anatomical disposition of the parts, then the alteration of the articular capsula by the continued contact of the purulent matter, the consequent rupture of this capsula, and the penetration of the liquid in the articulation, would be the fatal effects that might ensue.

We shall now point out the principles to be followed in these generally difficult cases ; and we may be allowed to say, the observations we have to make, merit attention, as they are to be found in very few books.

1st. If the tumefaction more specially occupies one of the lateral faces of the articulation, one hand must be laid on the opposite side of the articulation, while the other hand presses on the collection ; and if there be no transmission of the fluid from one side to the other, it may be asserted, that there is no communication with the articular cavity.

2nd. If the tumours exist above the articulation, or next its upper part ; if the pus reaches high, the diagnostic is more difficult.

Some surgeons repel the idea of articular effusion, when the pus reaches high and runs along the thigh, because they say the articular capsula could not have such vast extension ; but well asserted facts, prove this assertion to be false.

After a post-mortem examination it was clearly shewn that the articular capsula of the knee distended by the fluid accumulated in its capacity, extended to the union of the upper part of the thigh, with the inferior half of this limb.

3rd. There is above the superior rotular ligament, a great

quantity of cellular tissue which in lymphatic persons may increase in size, be infiltrated, and become the seat of an abscess; in this case the rotula may be raised. If a collection of pus be formed under the tendon what will occur? The capsula will necessarily be pressed downwards, and the ligament raised; and as it is attached to the patella, this bone will be pushed forwards. Now it has been wrong to admit the raising of the rotula as one of the pathognomonic characters of articular effusions; but in the case just named, the patella is elevated by motion, which causes it to present a plane more or less inclined, the inferior part of which is towards the tibia. Let us add by way of concluding, the diagnostic of abscess seated in the articulation, that if the collection be pressed under the articulation, the fluid is not transmitted towards the inferior part, which would be the case if intra-articular effusion existed.

4th. If the abscess be seated under the inferior ligament, the patella may still be raised, but it will be in a contrary direction to the one above mentioned, and the pus cannot advance towards the upper part of the articulation. A tumour being seated in any spot surrounding the articulation, may pass before the patella. The diagnostic in this case is easy, for it is certain that the effusion is outside the articulation if the fluctuation is perceptible in the front of this bone. But there are cases in which one of these abscesses do not fill the whole cavity; there is only pus on the sides of the patella, and not in the front. Then while an assistant pushes on one side of the articulation, you should place one hand very gently on the rotula, and the other on the opposite side of this articulation. If you feel the pus pass before the patella to communicate with the opposite side, it is evident that the effusion is outside the articulation.

Besides, when this effusion is articular, and the patient is made to extend his leg, the patella is raised, and by pressure, it is brought down before meeting the inferior extremity of the femur; and if while the pressure is made, the fingers be placed on the sides of the articulation, you may feel a fluid spreading over the lateral parts.

By attention to this mode of investigation, it appears to me difficult, if not impossible, to commit errors, which have brought on such fatal results.

On MURIATIC ACID of GOLD, and its use as a Caustic.

By M. LEGRAND.

THE Caustic employed by M. Legrand for the last seven years in his practice, and recommended by M. Recamier, at the Hôtel Dieu, appears destined to be a substitute for nitric acid of mercury,

which is sometimes absorbed, and gives rise to pytalism of a most uncomfortable nature. Mr. Legrand's formula is as follows :

Pure leaf-gold divided into fragments . . . one part.

Hydrochloric acid, 22° — 1, 17 thickness . . three parts.

Nitric acid 32° — 1, 26 ditto . . . one part.

Throw the gold into the acids previously mixed and poured into a *matras* with a long and narrow spout, and let the solution cool. The caustic action of this liquid may be weakened by adding a third part of distilled water.

Applied on a healthy surface, this caustic gives no pain ; it causes a stain, which from yellow becomes purple, then black. The skin then peels, and a new epiderm is found under the eschar formed by the combination of the solution of aurifere with this cutaneous covering.

If this caustic be applied to one of the mucous membrane which may be easily subjected to this sort of experiment, in this case also there is no pain, the part touched by the caustic shrinks, an eschar is formed, its fall is hastened by the secretion of the membrane, under which there is no real loss of substance.

If the muriatic acid of gold be applied to a wound on diseased tissues, the pain is in proportion to the disorganized state of the tissues, and the extent of the disease. The caustic liquid spread over all the tissues, penetrates them ; its action is confined as soon as it reaches the healthy tissue. The eschar is of the same color we have already described, but it falls off in a specified time, according to the height of the disease. Under the eschar, the tissues regain their vitality, and the eschars formed, resemble those that take place after the most innocuous sores.

The diseases in which this caustic has been most advantageously employed, are syphilitic, scrofulous, and scorbutic ulcers. M. Legrand successfully applied the same caustic on cancerous pimples, on ulcerations of the neck of the womb.

Ulcerations inside the mouth, which owing to their long standing had resisted the action of the internal treatment directed against the principle of the disease, have been removed by this caustic. A single cauterization with muriatic acid of gold has sufficed for the rapid cauterization of a fistulous scorbutic ulcer, seated in the cheek and reaching the gum : the same success attended a case of gangrenous angina.

The author adds several observations relative to carcinomatous affections, advantageously modified by the application of muriatic acid of gold. The results of M. Legrand's labours lead him to conclude, 1st. That muriatic acid of gold may be advantageously applied as means of cauterization in the treatment of phagedenic chancres, and atonic ulcers, originating in syphilis or scrofula, as well as those depending on scurvy.

2nd. To remove or at least to improve the cicatrix resulting from scrofulous ulcers.

3rd. It is employed with equal advantage in the treatment of cancer.

4th. For the external treatment of cancerous sores or ulcerated cancer.

5th. It powerfully assists the action of internal treatment directed against ulcers on the neck of the womb; and carcinomatous of the same organ. It even determines the cicatrizations of slight ulcers, when the absence of general symptoms may lead to the supposition that the disease is entirely local.

This remedy may always be safely employed for the treatment of the diseases above-mentioned, as its action is always confined to diseased and disorganized tissues, and that its action instead of being destructive like most other caustics, is restorative.

ON SPONTANEOUS CONTRACTION IN CHILDREN.

By M. M. GUERSANT AND BAUDELOCQUE.

Hopital des Enfants Malades.

CONTRACTION, a species of convulsion characterized by permanent involuntary rigidity of the limbs in children, is sometimes connected with partial *ramollissement* of the cerebral pulp, or the presence of a tubercle, but it is also frequently independent of all material lesion of the cerebro-spinal axis, and independent of all other disorder of enervation. It is to this latter description, which has not hitherto fixed the attention of observers, and that is generally met with in children, that we purpose most particularly to allude.

This convulsive affection is chiefly characterized by involuntary and permanent stiffness of the extremities, the fore arms and hands, and the legs and feet. To the superior extremities, there is predominance of the flexible muscles, on the extensors, so that there results a flexion of the hand on the fore arm, and the fingers on the carpus. The first often forms an angle of 90 degrees with the fore arm.

When the disease affects the lower extremities, the same phenomena are observed as in attacks of the superior extremities, only the feet instead of being bent as the wrists, are firmly extended on the leg. They are often turned inside. The toes are the seat of permanent flexion. The muscles of the affected parts are red, and sometimes as hard as marbles, in some cases they are seen under the skin. The disease is generally confined to the parts we named. The articulations of the elbows, shoulder, hips, and knees retain their full power of motion.

Nevertheless in some cases the muscles of the latter partake of the contraction.

The intellectual and sensorial faculties remain intact, the affected limbs are sometimes painful, sometimes quite free from pain: but the efforts made to extend the contracted muscles always cause more or less suffering.

There is no disorder in the nutritive functions of life unless there be complication. The young patients preserve their appetites; the digestion good, the stools regular, excepting when there are worms in the intestinal canal. Later on, we shall notice the influence of worms in producing convulsions.

The pulse is normal, unless violent fits of pain act on the circulatory centre. Nothing remarkable on the side of respiration, and secretions.

Contractions may last for several hours, weeks, or months, they sometimes cease, then re-appear. They are sometimes preceded, sometimes followed by convulsions.

These contractions do not generally occur at all periods of childhood. They are mostly seen in children from the age of eighteen months to five years, and from twelve to fifteen; they have not been seen in the interval. Irritable and nervous subjects are mostly affected, and girls more frequently than boys. Among other causes favoring their development may be named worms, masturbation, the approach of puberty, and phlegmasia of the digestive tube.

There is nothing serious in the prognostic. In the post-mortem examinations we have made, the patients have been the victims of affections of the digestive tube, or the respiratory apparatus.

The results of necroscopic examinations have been completely negative. Relative to the nervous centre, we have vainly sought in these organs and their appendages, lesions which might account for the disorder of these locomotive functions. The muscles and nerves of the affected parts have been found equally intact, so that we are obliged to place this affection in the class of necrosis, clonic convulsions, epilepsy, &c.

It is easy to distinguish the essential contraction from the symptomatic contraction of a *ramollissement* of the brain, or a meningitis. In the first case the cerebral functions exhibit no disorder; in the next, the intelligence is affected, there is fever, &c.

The treatment of this affection is very simple, sometimes a few warm or cold baths, according to the season, and the internal use of antispasmodics, suffice to effect a cure. Among these latter remedies, camphor, valerian, assafoetida, given either by the mouth or in injections, have the preference. Mild laxatives, such as calomel, manna, sweet oil of almonds, or castor oil, are found very beneficial. If the disease be complicated by worms, anthelmintics are indicated.

General blood letting, local bleeding near the skull, or length of the spine, have invariably failed. The same observation is applicable to cutaneous derivatives, blisters, setons, moxas. Topical applications on the affected part have not appeared to us very efficacious.

Practical considerations on the use of CAUSTICS in the treatment
of CARCINOMATOUS ULCERS.

Dr. BONNET has published several observations favorable to Rousseau's arsenical paste. This caustic, composed of an ounce ofubar, half an ounce of dragon's blood, a drachm of oxyde of arsenic, and a slight proportion of burnt slipper, is far less dangerous than it is generally supposed to be. If there have been examples of poisoning, it was probably because the caustic was employed in large quantities on the part to be destroyed. The following observation is given as a proof of its innocency.

A peasant aged forty-one, had on the left cheek a carcinomatous ulcer, its limits were the lower eye-lid, the nose, mouth, ear, and neighbourhood of the upper lip. Its borders were red and elevated, and lancinating pains were felt. Mr. Bonnet bled the patient twice, and at different times, a number of leeches were applied round the ulcer. Mr. B. also ordered baths, whey, and pills, composed of

Aloes. } aa 3j.
Calomel. }
Scammony. 3ß.

to be made up in pills of five grains. The patient is to take two morning and evening, excepting on the days he bathes.

There was some improvement in the state of the ulcer; but it was evident a cure would not result from the means employed. The surface was cauterized with Rousselot's powder. A certain quantity of this powder was mixed with salve, and the ulcerated surface covered with a layer more than a line in thickness. This application caused vivid pain, inflammation and considerable swelling, but these accidents were not of long duration. In ten days the char was detached, and left a vermilion sore, which speedily cicatrized.

Notwithstanding the extent of the surface covered by the caustic, no symptom of poisoning was manifest. As to the mode of preparation of the medicament, it is either used in powder or mixed with olive oil: it may also be put on the salve, then spread on linen and applied to the diseased part. Rousselot's powder will be found to modify cancerous sores, and determine on their surface the development of a thick white cicatrix, not always obtained with other caustics, as will be seen by the following case.

A lady aged sixty-four, had a carcinomatous ulcer in the lower part of the fore arm. It was judged right to cauterize it with nitric acid of mercury dissolved, one drachm of which was mixed with an ounce of nitric acid. Four successive cauterizations were made at eight or ten days distance; all gave intolerable pain, but no improvement took place; far from it, the ulcer increased, and invading the surrounding parts, soon necessitated amputation, which was most successful.

These facts naturally lead to the conclusion that arsenical paste is

preferable to other caustics, which however highly extolled they may be by the inventors, generally fail when practitioners make use of them. It is certain that this paste is a valuable agent for the destruction of superficial cancers, and after its application, the ulcerated surfaces are generally covered with a healthy cicatrix.

The following case is in some measure interesting. In 1816 a young lady, subject to affections of the stomach, had a small pimple under her eye, which gradually increased, and in a few years was transformed in an ulcer of a suspicious nature. It cicatrized several times without any thing being applied to it: in November 1835, its development was extraordinary, it covered the left cheek, and caused a frightful deformity. M. Dupuytren cauterized it with arsenical paste, it was cicatrized, but the following year there was recidivus.

This patient then wished to have the cauterization, but her medical attendant, believing the disease to be beyond the power of art, refused. She then went to a quack, who had the reputation of curing ulcers; this man applied arsenical paste, and a new cicatrization was formed. Yet, at the termination of the second year the cicatrix again broke, and the cancer which had extended to the left cheek, rapidly advanced on the bones of the nose, and reached the right cheek. This lady's face was quite repulsive, the ulcer extended on all sides, and it was essential to arrest its progress; her medical attendant therefore made up his mind to cauterize it. After using poultices to bring away the scab, a blister was applied to the sort of imperfect cicatrix these scabs covered. Then after having detached the cuticle, the arsenical paste, according to Dupuytren's formula, was extended on the wound with a wooden spatula, and the whole covered with a cob-web. The eighth day all the accidents this cauterization had determined had vanished, and when the eschar came off by bits there was a smooth polished cicatrix, which could hardly be termed a deformity.

In noticing the happy effects of arsenical paste in this case, we are reminded that caustic has been employed in the most remote periods of antiquity.

Galen prescribed caustic under the name Harpocrates Corrosive: sandarac, chrysocal, arsenic, in equal parts.

Powder of Rodericus à Castro: arsenic and wild lettuce, cut and dried in the month of June, to be reduced in powder; in equal shares of this powder and arsenic, to be mixed, it is to be used in the following manner.

The patient must be prepared for it by bleeding and purgatives; if the ulcer be not open, a slight incision may be made; put the powder on the opening, cover it with blotting paper; kept on with the hand till it adheres: the dressing to be left thirty days without being removed.

Powder of Craton: root of serpentaria, dried in the shade and reduced to powder, one ounce; three drachms of arsenic, a small quantity of soot, the whole to be well mixed, and kept in a box.

Powder of the brothers Come. Two drachms of cinabar; ashes of old shoes, eight grains; dragons blood, twelve grains; white arsenic forty-eight grains. This powder is mixed with a little water, and spread over the ulcer with a small paint brush; the sore to be covered with fine rag. Professor Boyer had modified this powder in the following manner; cinabar, one drachm, ashes of old shoes eight grains; white arsenic six grains.

Dupuytren's Arsenical Powder. Arsenical acid, four, six, twelve parts; calomel, ninety-six.

Dupuytren's arsenical Paste. Distilled water, one ounce; arsenical acid, one ounce and twenty grains. To be mixed in a glass mortar: blister to be applied on the sore; the blister taken off, the paste to be spread one or two lines thick, according to the depth of the portion to be corroded; the whole to be covered with cob-web. This dose is the maximum employed: the most usual is from six to twelve parts in a hundred. Arsenic has always been in general use, but it must be admitted that there are frequent cases of poison, resulting from its employment; and that the greatest caution is necessary.

We must also remark that nitrate acid of mercury is not a suitable caustic when a cancerous surface is to be destroyed. This caustic causes the most intense pain, without burning the diseased parts; it must be reserved for superficial cauterizations often made in dormant ulcers. Thus ulcers on the neck of the womb, atonic ulcers on the legs and other parts of the body, are advantageously modified by touching their surface with lint imbibed with nitrate of mercury; but a more efficacious agent is necessary to reach deeply.

We have given particular attention to caustics now used; and we think that there are many which may be advantageously employed as substitutes for Rousselot's powder. We do not allude to the use of Chloride of Zinc which causes so much pain, but to powder of sublimate which is so easily applied, as well as powder of Vienna, which merit the attention of practitioners. There is at present a man in the hospital who has been cauterized ten times with powder of sublimate, on the ankles, the thighs, and arms, for tuberculous ulcers, which continually break out on divers parts of the body. Each cauterization has been followed by the development of a white thick cicatrix as firm as the cicatrix obtained by Rousselot's powder.

As to the powder of Vienna, it is of very general use among the practitioners in Paris, and we have seen it destroy in a few minutes the whole depth of the skin, while the pain was very bearable. A lady who had a seton established with this caustic, said she did not suffer more than from the bite of a leech. But the mixture must be prepared with the greatest care. The contact of the air weakens the qualities of this precious caustic, and we are convinced that the non-success of which some practitioners complain is to be attributed to the remedy being badly made up.

ANALYSIS OF BOOKS,

PHTHISIS PULMONALIS; its history and varieties, being an attempt to distinguish those forms of the disease which are curable from those which are incurable; with a novel view of Scrofula and tubercular depositions. By J. HUNGERFORD SEALY, M.D.E. A.B.C.D. pp. 82.

This little book has a preface of ten pages, and a dedication of the same length. The author thinks that Scrofula, internal and external, is a *peculiar arrangement of the puri secerning-vessels*; that phthisis generally is incurable, but when curable, the cure is effected by venesection, sarsaparilla with hot milk, ten drops of diluted sulphuric acid to be taken three times a day, to relieve the night perspiration, and iodine *inhalation*. Such is the pith of this little work.

**DE L'INFLUENCE PERNICIEUSE DES SAIGNEES, PAR
HENRI WIESECHE.**

To whom is this pamphlet addressed? Is it addressed to medical men? No. To learned and scientific bodies? By no means. To the public? Still less so. Probably to people who have leisure to read it? Not at all.

This little pamphlet of a doctor of medicine, of surgery, and of philosophy, is addressed to the powers of nations; to the governments of Europe, of the world, and of a thousand other places. After a dedication of ten pages to the ministers of monarchies and republics, there is another dedication to the press—the medical press? nay, would medical men be worthy of understanding our triple doctor? But to the press of *figaro*, of the *wasp*; to the progressive press. After these two dedications, we have an introduction of fourteen pages.

You perhaps think, reader, that this pamphlet has been written to enlighten practitioners on the abuses of blood letting? you mistake—this pamphlet is an homœopathic production, which the homœopathist must disown. It is an *Olla-Podrida* of all the nonsense brought against blood letting, by partial or ignorant men.—We do not believe that we are bound to give an analysis of the dreams of any author, and take up room which may be better employed. When good and conscientious homœopathic productions reach us, we are quite ready to pay them the compliment of analysis and dissection, for there is good to be found in homœopathy; but such a compliment paid to the present production would be a loss of time, and we withdraw.

VARIETIES.

PARIS AND LONDON.

English Medical Men, at Boulogne.

THE debates at the academy on the numerical method are at length concluded, and no new light has been thrown on the subject. M. Chomel has in vain endeavoured to prove that the numerical system is only an auxilliary which should not be neglected, but from which general conclusions alone could be drawn by the re-union of facts. From a love of contradiction, M. Chomel's statements are misconstrued, as well as those of all the partizans of the numerical system. Mr. Rayer has placed himself under the banner of statistic, not of that absolute, and empirical statistic, which only admits of figures, but of that statistic which gives a medium for the rule of things which are not and cannot be mathematically established. M. Rayer observed, that all posology was founded on a knowledge of this medium, and that it could not possibly be otherwise. The numerical system takes nothing from the real value of facts, but general rules which are every thing in medicine, and from whence deriving particular applications that the genius of the practitioner adapts to each individual case, and which cannot possibly be founded on a single fact.

M. Martin Solon disapproves of the numerical system; M. Lepellier favors it; but it is to be regretted that these discussions produce no result, and that there is no president to unite the different opinions, to point out the most striking parts, and to shew a conclusion.

M. Pariset's observation has been verified by this discussion; it is merely proved a dispute of words, and the result a mere *gomachie*. But all those who feel interested in the academical debates, loudly call for a result; and humbly entreat these mighty givers to bring their intelligence on a level with those of the practitioners who wish to imitate them. M. Risueno rose, and notwithstanding the noise, managed to be heard; this discussion ended in the same manner as the academical discussions generally terminate. Any gentleman have had the gratification of making themselves heard; individuals hitherto unknown have come forward, but what has the public learnt? that some are for, others against the numerical system. Of what value is the result of such a debate?

In the english and foreign journals there has lately appeared a curious statement which has nearly past unnoticed. Hitherto the medical profession has almost been considered as neuter, appearing to humanity and not to any particular village, town, or nation. The province of medical science is man in all latitudes, in all climates. Wherever the voice of suffering is heard, it is incumbent on those who have the power of alleviating it speedily so to do. Amidst the horrors of war, when instant death seems to be the uni-

versal fate, when prisoners are massacred or driven into exile, the medical man is in safety ; it is the law of nations, because it is the law of humanity. How then is it that in times of peace, in the midst of civilization, there are rules which deprive the practitioner of the power of exercising his professional duties. Can such a thing possibly exist? Is the statement well founded. Was there positively any question of gentlemen having given proofs of capacity, and who had lawfully acquired the right of bearing the title of physician or surgeon? We have not yet been able to obtain positive information on the subject, but reasoning on the supposition that the french government could have been guilty of want of humanity, let us ask whether actors, singers, painters, statuaries, bankers, merchants, who follow their profession in London, Paris, Vienna, or Naples, are required to have diplomas.

And since when has the medical profession been considered beneath that of a merchant or an artist. A physician is required to produce a license to relieve his fellow creatures, but the singer may entertain, the artist may draw, the merchant may sell, without a similar permission. Why undervalue or disgrace the man of science?

Endeavours are made to protect the property of authors ; and international laws are talked of. How is it that the author of a romance should be considered, and that no attention is given to the medical practitioner, so that his knowledge, his science be a property protected not only by international laws, but by the laws of humanity?

It is undoubtedly right that governments should protect the subjects of their king, and that they should require of those exercising the noble profession of the art of healing, to produce proofs of their ability, but the diploma having been shewn, then all interference should cease. Would it not be ridiculous for pupils of Sir Astley Cooper, Sir Benjamin Brodie, Dr. Bright, Lawrence, Guthrie, and other eminent men, to be exposed to be thus treated at Paria's at Boulogne, by any common practitioner belonging to a secondary school? Would it not be equally ludicrous not to give the credit to Dupuytren, Broussais, Cloquet, Chomel, of forming pupils worthy of the confidence of suffering individuals to whatever country they might belong. Who would presume to assert that Scarpa's school was not worthy of the confidence of Europe? That the schools of Vienna, Berlin, London, and Paris, are not equally celebrated, equally composed of men whose judgment commands respect? If an international law is to be established for the medical profession, it should be founded first, on humanity, then on the deference to which the different universities are mutually entitled. It would never occur to Sir Astley Cooper, or to Sir Benjamin Brodie, to doubt the independence of judgment of Dussau, Dupuytren, or Chomel, more than that of Scarpa ; why then should any government gratuitously insult an individual having a diploma from a regular university? It is an undoubted fact that though the language of pain is every where intelligible, yet it is more forcibly under-

ed by those whose habits, tastes, education, and country are similar: the feelings and even prejudices of the sick should be rectified and it would be an act of barbarity to deprive a patient of enlightened care of his fellow countrymen.

But until we have stronger proofs than mere report, we must be permitted to believe that the magistrates at Boulogne have not been guilty of the conduct imputed to them, as regards English practitioners, as the practice of the art of healing, in France, is regulated by a law dated 1803, and although it would not be surprising that temporary illiberal regulations should have been established during war, yet there is a clause in that law permitting foreign medical men graduated in a foreign university to practice in France, after presenting their diploma to the minister for the home department, and obtaining permission to exercise their profession.

It is to be supposed that the medical men at Boulogne who have encountered difficulties had not obtained the necessary authorization, but the law in question is calculated to prevent both the English and French from being imposed on by ignorant quacks, practising without either diploma or license.

By referring to the medical almanack, it will be found that the law to which we allude, is still in full vigor, and it will be seen that Dr. Macloughlin who had his diploma at Edinburgh, the 20th June, 1820, was authorized to practise in France the 30th May, 1820.

Dr. Haas member of the faculty of Medicine of Gottingen, was authorized to practise in France, 10th February, 1830.

Dr. Chermiside received his diploma at the University of Edinburgh, licensed to practise in France, in 1831.

Dr. Fossati, an Italian Physician, received his diploma at Pavia, authorized to practise in France, in 1829.

Dr. Hannemann received his diploma at Elingen, authorized to practise in France, the 31st August, 1835.

Dr. Koref, university of Heidelberg, received in 1809, authorized to practise in France, 21st July, 1830.

This point being settled, and the free practise of medicine allowed in France to those who could produce their diploma, and obtain a license, it merely remains for us to inquire whether it ought to be difficult to obtain this permission.

What right has any government to interfere with a medical man and his patient? Why attempt to deprive any individual of a profession for which he has sacrificed so much? Is it not a flagrant injustice to prevent a man fulfilling his calling, merely because he is a foreigner? Is a writer deprived of his pen, or a painter of his brush; why then should a medical practitioner be deprived of his practice? This is not progression, it is returning to a state of barbarism.

Improvements it is true may be made, both in France and England, in all existing regulations; but had Dupuytren come to practise in England, or Sir Astley Cooper wished to practise in France, who

would have presumed to tell them, to recommence their studies, and go through an examination?

Medical men in a foreign land have seldom found their diploma suffice to acquire the confidence of their brother practitioners and the public, and nearly all have had recourse to their pen, and submitted themselves to the judgment of the nation in which they resided. Thus Dr. Rognetta gives public lectures in Paris, and proves his talents in the arena of medical literature. Dr. Granville or Bozzi, in London, made himself known by his literary productions; and we have had recourse to the press, to distinguish ourselves from those individuals, who without talent, name, or title, boldly style themselves French Physicians, to the discredit of the profession and the disgrace of their country.

Let government and medical societies protect the public against the dangers of imposture and quackery; but at the same time let government and medical societies be just, and pay foreign universities the compliment of placing confidence in the validity of their judgment. It is to be hoped that the magistrates of Boulogne will not render themselves ridiculous, by unjustly affronting English medical men legally qualified to practise, either among the French or their own countrymen.

The profession of medicine is a *property* acquired by seven or eight years of arduous study, sometimes attended with great danger. It is a property that has cost both time and money; no government, no magistrate has any right to deprive an individual of property thus legally and honorably acquired; and this property should be protected by all upright men, by all men who have a proper sense of justice. In what other profession does a man give his time, labour and talent, without remuneration? Does the lawyer plead gratis for the poor? Do merchants give half their goods to those who are in distress? What profession does as much for humanity as the medical profession? The kindness of medical men is now almost appealed to as a right; a poor man suffers, he conceives himself entitled to receive medical advice; but if he be hungry, he does not consider himself justified in requiring a baker to give him bread.

The public is generally ungrateful to the medical profession, but the public does not reflect. If the magistrates of Boulogne act rigorously towards men legally qualified to practise according to the laws of their own country, it is alike injudicious and unreasonable. What would be said of the Chinese were they to compel the English to be covered with moxas and acupunctures. Let Englishmen at Boulogne be at liberty to refuse to be covered with leeches, while Frenchmen are alike at liberty to reject taking copious draughts of medicine or to swallow innumerable pills. We should compare medical opinions to religious opinions, and there is no greater right to compel a patient to consult any particular medical man, than to require from him any religious tenet. Intolerance is always a species of tyranny, to which no one should submit.

SELECTIONS FROM ENGLISH JOURNALS.

On the Treatment of Fractures of the Lower Extremities,

As pursued by Mr LISTON, at the North London Hospital.

FRACTURES of the bones of the lower extremities, from several reasons, have claimed the greatest attention from surgeons of all ages, and in all countries. The importance of these limbs in locomotion—the occurrence of fracture at once arresting the pursuits of the individual—the consequences of the necessary confinement—the usual greater difficulty in managing them—and the greater risk of permanent displacement—have always made them more interesting injuries to the surgeon, as regards their pathology and treatment, than similar injuries in the upper extremities.

Owing to the greater violence required for their production, the less vigorous state of the circulation, the stronger muscular action, and the greater quantity of soft parts involved in extensive injury of these limbs, the consequences are frequently of a more alarming nature than in the upper extremities. Indeed, it is remarkable what apparently trivial injuries to the lower extremities frequently terminate unfavourably; and what very extensive, and apparently much more serious injuries to the upper extremities, are recovered from.

As the purport of the present communication is to describe the treatment of fractures of the lower extremity, I shall not enter into any of the interesting pathological points connected with fractures of the neck of the femur. Leaving, then, the question as to the union, or non-union, by bone, of the neck of the femur when broken, we will describe the means which are best calculated to procure union, when circumstances may be favourable to that process.

We will first consider the treatment of fractures of the femur, and, subsequently, of the patella, and of the tibia and fibula.

1. *Treatment of fractures of the femur.*—The apparatus required for fracture of the thigh, consists of a board, made of deal, varying in breadth, length, and thickness, according to the size, length, and strength of the injured limb, its length thus varying from twenty inches to four feet seven or eight inches, and its breadth from an inch and three quarters to four inches. It should extend from a little below the axilla, to three or four inches below the foot, and should be a little narrower than the depth of the limb to which it is applied, in order that pressure may be exerted by the rollers over a considerable surface of the limb. This splint should have two perforations at its upper extremity, two notches below, and a hollowing-out opposite the ankle. A pad, corresponding in breadth with the splint, made of bed-ticking, moderately filled with chaff, and extending from the perforations at the upper end of the splint, to a little below the hollow for the reception of the ankle, should be next

made. A band, made by means of the half of a large-sized handkerchief, folded, and including a small quantity of tow between the folds, and rollers of the Paisley cotton, complete the apparatus used in this hospital for fracture of the femur.

Application of the apparatus —The end of a roller must be split to a short distance, and each piece passed through a perforation from the inner side of the splint, and the two ends tied on the outer side. The roller passed along the splint to the notches, and the long pad applied, and fixed by means of two or three pieces of tape. The foot and leg having been bandaged, so as to prevent infiltration, and abundance of tow or wadding placed over the instep, and over and around the heel; the band having been placed around the perineum, and its two ends brought to the side of the chest, and reduction and coaptation having been carefully made, the splint, with its cushion, must be laid along the outer side of the limb, and the roller carried around the ankle and foot, and through the notches, and around the leg to the knee. The extremities of the perineal band are then to be passed through the openings at the upper end of the splint, and pulled sufficiently tight to make the limb of proper length, and to give it the counter of the sound one. The rolling of the bandage is then to be continued to the groin, and a broader roller passed several times around the waist. The rollers are applied, to make what scientific bandagers term the “reversed bandaging,” which consists in reversing the roller at every turn, so that the superior border becomes the inferior, and the external face the internal. The use of this mode of bandaging is to equalize the pressure of the roller over the whole surface which it covers. Were not these turns to be made, the lower margin of the roller, at each turn round the limb, would be gaping, and separated from it. According to the inclination of the limb, or of the splint, the roller should be passed from within outwards, or from without inwards. For instance, if the upper margin (as the patient lays supine) of the splint were inclined inwards, as it sometimes is, from the mode of fixing the foot to it, that inclination may be counteracted, by passing the roller from within outwards, and vice versa. This observation equally applies to bandaging in fracture of the bones of the leg; and in these fractures, curvature or inclination of the bones to either side may be remedied, by the direction of applying the roller. When the reversed bandage is properly applied, it looks exceedingly neat, and very like the many-tailed bandage when applied.

The limb put up in this way is kept at rest in the perfectly-extended position, and the foot being the fixed point, the extension can be increased by tightening the perineal band from time to time, all the parts between these two points being by these means put upon the stretch. The nearer the splint reaches the axilla, the more the extension is made in the direction of the axis of the limb, when the perineal band is tightened; the shorter the splint, the more is the upper portion of the bone drawn outwards by the tightening. The foot should be well fixed, or sufficient extension cannot be made. It is necessary, too, to use a considerable quantity of padding, in consequence of the pressure made on the foot by securing it firmly at first, and afterwards by the tightening of the perineal band, the effects of resistance being felt mostly at the foot. The length of the injured limb should from time to time be noticed, by comparing

the patellæ and malleoli. When this apparatus is applied, the limb should always be from one-half to three-quarters of an inch longer than the sound one, in consequence of slight yielding of the joints by the extension; and it will be found necessary to tighten the perineal band occasionally, to maintain the proper length. This may be done, either by untying the knot, and making another, or by passing a wedge* beneath the knot, which will dispense with the necessity of untying the band so frequently. It is better that the bed be firm and unyielding, in order that the whole posterior edge of the splint may rest equally upon it.

The bandages may be removed in eight or nine days after their first application, and the limb examined very carefully as to its length and form, but afterwards they should not be removed oftener than they become loose from the foot or waist. Much will depend upon the manner in which the bandages are applied in the first instance; by practice they may be very securely and neatly applied, and not need re-adjustment during the whole time that they are required. The time required for perfect union to take place, that the use of the splint may be discontinued, must usually vary according to the age of the patient, and the extent of injury to the limb; the younger the subject, and the less extensive the injury, generally the shorter the period required for union. It is always safer to leave it applied in *adults* for seven or eight weeks; and in all cases, for a few days after the removal of the long splint, two lateral splints, of common book-binders' pasteboard, soaked in warm water, and well padded with tow, should be applied, the outer one from a little below the crest of the ilium to below the knee, and the inner one from the perineum to the same depth, and secured by means of bandages from the foot to the waist. After the removal of the long splint, great care must be taken at first in moving the limb, and in putting weight upon it: its former functions must be resumed very gradually.

In the *Royal Infirmary of Edinburgh*, they dispense with the bandages between the foot and waist, and, in its stead, use a sheet, which is pinned over the limb. I should scarcely think it so efficient; it is certainly less troublesome when the apparatus requires re-adjustment.

This plan of treating fractures of the thigh bone, is a modification of that which was originally practised by Desault, and subsequently by Boyer. The great faults of the splints employed by those surgeons were, that they extended but a short distance above the tuberosity of the ischium, and the bands which were passed through the perineum were inclined to slip down the thigh in consequence, or caused a great deal of pain and inconvenience, and, after all, did not produce so efficient extension, it not being made in the axis of the limb, but outwards, as well as upwards. In Boyer's method, the resistance is made by the perineal band, and the extending force applied by a screw at the foot, which is laced in a sort of boot. The long splint was secured to the foot by means of straps, and ulceration, and even sloughing, were frequently the consequences. Desault and Boyer used two other splints besides the long one, applying one anteriorly, from the groin to the knee, and the other internally, from the groin to the foot.

In the plan adopted by Mr. Liston, any injury of the foot is prevented,

* Some of which, of various sizes, I have had made for use in this hospital.

by the manner of fixing it to the splint. The perineum is protre a well-padded band, and in consequence of the height to which it extends, extension is kept up in *direction of the axis of the limb*; two other splints are dispensed with, by careful bandaging of it from the foot, to high up in the waist.

Experience tends very much to decide in favour of the extension of treating fracture of the femur. It possesses considerable advantage over the means which were pursued by Pott, of laying the limb on the outer side; and over the treatment on the double inclined plane, suggested by Dupuytren and Sir A. Cooper. The treatment upon the extension of the limb, with the knee bent, was almost invariably followed by swelling, eversion of the foot, and deformity of the whole limb; a treatment upon the double-inclined plane, if not followed so frequently, eversion of the foot is frequently followed by shortening and deformity, and great complaint is made by the patient of pain and stiffness of the knee, for a long time after the treatment in the bent position.

It has been urged against the extended position, that there is no contraction of the muscles effected, as in the other positions; but practically this is not a well-founded objection, for whatever be the degree of contraction placed before the putting up of the fracture, it is found that they cease to act, and the fragments come together in excellent apposition after the application of the extending apparatus.

There are other, by no means trivial, advantages of the long splint. The changes of position which are necessary for evacuating the wound, and changing linen, &c. are more easily effected when the limb is secured by this apparatus, than in the other plans; the limb is *as it were*, with the body. Another advantage is, that it does not require so frequent re-adjustment. The patient experiences less pain and discomfort than with the double-inclined plane, and no pain and stiffness of the knee is afterwards produced. Patients who have been so unfortunate to receive fracture of each femur at different times, and have been treated upon both the double-inclined plane and the extension plans, have expressed themselves most decidedly in favour of the latter mode of treatment. The simplicity of the apparatus, too, is decidedly an advantage of no mean importance. "The apparatus, which is most simple, and may be procured at all times, and in all circumstances, is at once the best and most efficient."*

We have had a great many cases of fracture of the femur in the leg, and the immediate freedom from pain, and the favourable state in which the bones unite when the limb is put up with the extending apparatus, more generally known, would, I am confident, lead to its more general use.

A case or two, briefly recorded, may not be uninteresting and as illustrating the advantages of the long splint. The following is one taken indiscriminately from several which were in the hospital during the time I was dresser under Mr. Liston:—

CASE 1.—William Stewart, aged nine, was admitted under Mr. Liston, 18th October, 1836, in consequence of a fracture of the right femur, a little below the trochanters, the result of his falling off a wall four

* See Liston's Elements of Surgery, Part III.

feet high, with his leg doubled under him. On his admission, the thigh was greatly deformed, from the upper fragment projecting forwards; the limb lay on its outer side; the foot was everted, and about two inches shorter than the other one. The limb was extended, and the long splint applied, moderate extension being kept up by means of the perineal band. The boy was quite free from pain from the moment the apparatus was applied, and it was only necessary to re-adjust it once or twice. The splint was removed, and paste-board applied on the 23rd of November, and on the 10th of December he was discharged with a limb in every respect as serviceable as the other one.

The two following cases are in the hospital at the present time, (April 12th, 1837.)

CASE 2.—James Smith, aged fifty-three, was admitted under the care of Mr. Liston, on March 9th, 1837. He was leading a horse, which became restive, and dragged him along the ground, upon which he fell, with his leg and thigh doubled under him, with great violence, after which he was immediately brought to the hospital. The left femur was found to be fractured rather obliquely, at about the junction of the upper with the middle third; the lower fragment was forcibly drawn upwards. I immediately applied the long splint, and made sufficient extension by means of the perineal band. March 10th. He slept very well all night, and has been in no pain since the splint was applied. April 8th. The perineal band has been tightened from time to time; the limb is of proper length; the bandages were removed to-day, and it was found to be of proper form, and pretty firm union seems to have taken place. The splint and bandages were re-applied, but in a few days they will be removed, and re-placed by the paste-board splints.

CASE 3.—William Kenny, aged twelve, admitted under Mr. Liston, February 22nd, 1837. The left femur was broken about its centre, in consequence of the thigh being entangled between the railings of a stair-case, as he was going up, lifting a heavy weight with the right hand. The long splint was applied as soon as he was brought to the hospital, after which he was perfectly easy. April 10th. The splint was removed; the limb is of proper length and form; the bones are firmly united. The paste-board splints were applied.

This apparatus is alike applicable to persons of all ages. We have had cases of fracture of the thigh in very young children treated in the same way.

CASE 4.—A child, ten months old, was admitted under the care of Mr. Liston, Dec. 31, 1835, with fracture of the left femur, cause unknown. A splint of sufficient length was applied; the fragments united, and the child was taken from the hospital without any bandage whatever around the limb, on the 30th of January, 1836.—*Lancet*.

Asthma Thymicum.

By MR. WILLIAM HUGHES.

THE infant child of Mr. R., of Queen-street, Cheapside, between eight and nine months old, afflicted with hooping cough, was frequently seized

with sudden and alarming fits of suffocation, but which lasted only for a few minutes. On one of these occasions I was hastily sent for, the parents thinking their child to be in a dying state, but, on my arrival, the attack had subsided, leaving the little patient apparently as well as usual. I imagined that some viscid mucus, adhering to the rima glottis, had been the cause, and that the separation of it had afforded equally sudden relief. Frequent alarming and sudden attacks have subsequently recurred, and subsided before medical attendance could be procured. However, on Friday last, although the child was improving in its general health, and the hooping cough was much abated, without any previous appearance of indisposition, another of these attacks occurred, and in a few minutes, the infant was a corpse. I had permission to examine the body, when I found that the only deviation from a normal state was an enlargement of the thymus gland, which filled the whole of the anterior mediastinum, pressing upon the bronchial tubes, the inferior portion of the gland covering the apex of the heart, and being firmly adhered to the pericardium, which contained more fluid than usual. The lining membrane of the trachea was slightly vascular, as it always is in hooping cough, but I found no other appearance of disease. The gland weighed eight drams and five grains, but the structure was natural. Not having seen Dr. Ley's book, I am unable to say how far my case agrees with his description of the disease, but the similiarity of this with the two cases mentioned in the *Lancet* as having been described by Dr. Malin, is so striking that I am induced to believe it worthy of being transcribed for your professional readers, considering the disease to be of more frequent occurrence than is generally supposed.—*Lancet*.

On Pessaries, and on the Radical Cure of Prolapsus of the Uterus and Vagina.

By PROFESSOR DIEFFENBACH, of Berlin.

THE use of pessaries, so often employed in the practice of those who devote themselves to the treatment of the diseases of females, is attended with so many disagreeable and unfavourable circumstances, that a reform has become absolutely necessary.

The method, which consists in supporting the prolapsed uterus, or vagina, by the introduction of a solid foreign body, a pessary, into the genital organs, is just as rude and imperfect an operation as the introduction of a pessary, or other mechanical means would be for the cure of prolapsus of the anus. When I reflect on the great inconveniences I have seen arise from the use of pessaries continued for a great length of time, and in many cases actually forgotten, in the genital organs of the female, &c. I am almost inclined to banish them completely from my practice.

I have frequently seen them produce putrid discharges from the vagina; in other cases dilatation of the vagina to a most inconvenient extent; in others, contraction of the same organ; and, finally, in other females, the still more dangerous accidents of cancerous or fungous productions from

the vaginal mucous membrane. Sometimes I was able to extract the foreign body with my fingers, but in many other cases it was necessary to break it up with strong forceps, before the fragments of a stinking, encrusted substance, whose composition could not be easily determined, was removed. Several patients laboured under excessive irritation of the bladder, and when the foreign body was large, many suffered for years under obstinate constipation. C. Mayer extracted a pessary, composed of a large porcelain tube, which had produced ulceration of the vagina, and perforation into the bladder, with one of its edges, from which the glazing was worn off. On examining the body of a very old woman, who for many years complained of pain, &c., in the lower abdominal region, I found an encrusted pessary in the cavity of the uterus. Dupuytren once extracted a large pomatum-pot, which an accoucheur had introduced for a pessary; and, on another occasion, a large metallic, gridiron-shaped body, whose bars had given passage to fungous excrescences. The indolence and negligence of the male can only explain those cases in which, notwithstanding the presence of a pessary, females have menstruated, copulated, become pregnant, and even been delivered of a full-grown child. Some women actually seem to have forgotten that such an instrument was ever introduced, others obstinately deny the fact. I have seen two cases of the latter; and, in general, the avowal of employing a pessary or a truss is often more painful to a female than the very diseases which demand their use. On the other hand, however, it cannot be denied that pessaries and the sponge are sometimes useful, when properly employed by a skilful hand; but these cases are few in comparison with the former, especially amongst the lower classes of people, who imagine themselves radically cured the moment a pessary has been introduced.

Having learned from experience the many inconveniences of the pessary, I was anxious to employ a radical mode of treatment, when I was called, several years back, to see a poor woman, whom I found lying in bed, with a prolapsus of the uterus. The prolapsed parts were so tumefied and inflamed, that it was impossible to return them; the portion of the vagina surrounding the tumour was partly inflamed and partly gangrenous, however, the parts were only a little painful, and the constitutional symptoms insignificant. The inflamed parts were covered with cloths, wetted in an infusion of camomile flowers, and, at the end of fourteen days, several portions of the vaginal membrane, to the extent of a hand's breadth, came away, and the deficiency was soon supplied by luxurious granulation. The erythematous inflammation of the rest of the vaginal mucous membrane had, in the meantime, disappeared. I now thought the favourable opportunity was arrived for replacing the uterus, and obtaining cicatrization. The former was easily done; I filled the vagina every day with dry charpie; threw up emollient injections; renewed the bandage daily; and in three weeks had the pleasure of seeing the woman completely cured of her prolapsus. The cure thus brought about by nature led me to the idea of employing an artificial method, founded on the principle of reducing the calibre of the vagina. The first case of this kind was as follows:—

A woman, sixty-five years of age, suffered for several weeks under an extremely painful prolapsus of the uterus. For the last fifteen years,

whenever the woman walked about for any time, the uterus descended beyond the external genital organs, but was easily replaced with the hand. When I saw the patient the left side of the vaginal wall, where it rounded the prolapsed uterus, was already attacked with gangrene; a line of demarcation separated the dead from the living parts, and discharged a quantity of pus. I commenced by removing, with the scissors, a portion of the mortified membrane, and covered the whole parts with compresses dipped in an emollient fomentation, without yet attempting to reduce the uterus, which the great laxity of the genital organs would have rendered easy enough.

The dull, greyish appearance of the exposed surfaces indicated the want of some mild, stimulant application; they were accordingly washed during the day, with an aromatic infusion, and covered, at night, with a stimulating ointment. As soon as the whole of the mortified parts came away, I replaced the uterus, filled the vagina, as usual, with lint, and in a few weeks the woman was completely and radically cured.

Besides the two cases just mentioned, I have seen five in which prolapsus uteri was complicated with mortification of the mucous membrane of the vagina. Three of these cases occurred in the hospital; two in private practice. The treatment, in all these cases, was the same: separation of the gangrenous parts was promoted by internal and external remedies; when they came away, I replaced the uterus, and filled the vagina with lint, moistened with an aromatic infusion; in four cases the parts cicatrized, and a perfect cure was obtained; in one case the wall of the vagina, where the surface only had been attacked, remained too relaxed to support the uterus in a complete manner. Even when the surgeon finds it impossible, after the separation of the mortified parts, to return the uterus completely, I believe he can always replace, at least a portion of the organ.

After a lapse of eight years I had an opportunity of applying the method used in cases of prolapsus ani, to a case of prolapsus uteri, complicated with gangrene. The patient was fifty years of age; the uterus was easily replaced, but always descended again, unless supported by some foreign body in the vagina. The patient had employed a great variety of pessaries, but was compelled to abandon their use, from the pain and irritation which they always produced. The operation was performed in the following manner:—After having emptied the bladder and rectum, I commenced by removing, from the left side of the vagina, a portion of mucous membrane, resembling in size and shape the section of a hen-egg; the small end of the ellipse being directed backwards, the oval end forwards, and touching the nymphæ. A similar excision was practised on the opposite side.

After having cleaned the edges of the wound, I placed five strong stitches on either side, in the following manner:—the two posterior sutures on each side were first applied; the uterus was then returned to its natural position, and the rest of the sutures were finished; had they all been applied in the first instance, it would, perhaps have been impossible to return afterwards.

If we except burning pain in the vagina, and a moderate febrile movement, the symptoms which followed this operation were not very remarkable. The patient underwent an antiphlogistic treatment, and cold

jections were thrown up every hour into the vagina. On the third day, however, the woman complained of severe pain in the vagina, probably depending on the sutures. I was afraid to employ the speculum, for fear of tearing through the edges of the wound, and therefore introduced a pair of scissors along the index finger, with which I divided two sutures on either side; this produced considerable relief; on the fifth I removed some more, and the two last came away without aid on the sixth day.

Since this time I have had such frequent opportunities of performing the operation now described, that I should extend this memoir beyond measure, were I to notice them even cursorily. In those operations, which were subsequently performed, I applied a smaller number of ligatures, commonly two, at most three; in several cases none at all; for the edges of the wound frequently came into close contact with each other after the reposition of the uterus. In cases where the parietes of the vagina are very irritable the suture is injurious. It is unnecessary to fill the vagina with lint immediately after the operation, for this only produces a disagreeable sensation of heat in the parts; however, the vagina must be plugged when its upper surface has been destroyed by gangrene; I have sometimes, however, filled the vagina with charpie, after the operation, in lymphatic, and at the same time, irritable patients. The cold injections are to be replaced in a few days by luke-warm mucilaginous ones. Should no contraction of the vaginal wall be observed, as cicatrization of the wound advances, the latter must be dressed with lint, covered with some resinous balsam, or frequently touched with the nitrate of silver.

In several cases, after having replaced the uterus, I have performed the operation by merely removing a fold of the vaginal wall, which was drawn forward with Muzeaux's forceps, and then clipped off; this is much the easier method of the two; but the surgeon should always be on his guard against the danger of wounding the bladder or rectum, which might take place if a deep fold of the vaginal parietes was removed close to its base.

I never applied sutures when this method was employed. The operation for the cure of prolapsus uteri, by removing a portion of the vaginal wall, is most conveniently performed by placing the patient in the common position for lithomy. The bladder and rectum must be previously emptied. The surgeon should also take care to ascertain how far these two organs may be displaced by the prolapsus uteri, by introducing his finger into the one, and Desault's catheter into the other. The introduction of the catheter is the more necessary, as in a great many cases the bladder is surcharged with urine.—*Berlin Med. Zeitung*, No. 31, 1836.—*Lancet*.

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Examination of a Rachitic Female.—Error of supposing Rachitic Persons to be Phthisical.

Delivered in 1836, in the College of France, by M. MAGENDIE.

GENTLEMEN:—You see before you on the table the body of a female affected with rickets in the highest degree, who has just died in our wards at the *Hôtel Dieu*.

[Here the Professor, in the presence of the class, proceeded to determine by measurement the dimensions of the vertebral column; the thick-

ness of the layer of fluid covering the several parts of the axis; the cavity of the subarachnoid cavity, which had been artificially injected. The part to which M. Magendie particularly directed the attention of students was the thorax, which was deformed in a very high degree, and excessively contracted on the left side, in a transverse direction.]

See, here, how the lung is compressed, above and below, by the crowding of the chest at its middle; any air that arrives in the upper lobes must find considerable difficulty in penetrating to the inferior ones. Examine, again, this spinal column: I do not ever remember having seen this species of deformity proceeding to such an extent as in the subject before us. This unfortunate woman fell an early victim to the disease under which she laboured; and such is the case, generally speaking, in this affection. Rachitic persons are seldom long-lived, and, hence, many, without reflection, consider the malady as a species of phthisis, an idea which they are fortified by the copious expectoration occurring whenever the chest is much deformed; they draw, however, a very erroneous conclusion, for the expectoration, difficulty of breathing, &c., do not depend on the presence of abscesses in the lung, but are solely occasioned by a mechanical obstacle to the passage of the blood from the right to the left side of the heart. Whenever this obstacle is considerable the disease may assume some of the characters of phthisis; but sooner or later a quantity of blood becomes extravasated into the substance of the lungs, and the disease assumes such well-marked characters as to render all doubt on its nature impossible. In other cases death is occasioned by inflammation of the pulmonary tissue, determined by the malformation of the thoracic parietes. — *Lancet*

*Pleuritic Effusion and Paracentesis Thoracis—Cure.**

By DR. JOHN WILSON.

EDWIN COOK, aged nineteen, was admitted into the Middlesex Hospital on the 16th February, 1836. He was too ill to give any connected history of his case. The nurse who had been up with him the three preceding nights, said that he had suffered much from a severe cough, and great difficulty in breathing, at times threatening suffocation; that he had been ill for three weeks, and had been bled and blistered.

At present the left side of the thorax is distended, and universally dull on percussion, with absence of respiration (excepting some bronchial respiration,) and resonance of the voice under the clavicle. Œgophony at the lower angle of the scapula; impossibility of lying on the right side; impulse of the heart much stronger under the right mamma than under the left. In a few days more he lost his voice, became much worse, but his intelligence was perfect; he had then been bled, cupped, put under the influence of mercury and tartar emetic.

To prevent repetition, I shall briefly describe the symptoms as were after admission, and a month from the date of his illness.

* Read at the College of Physicians. June 3rd.

Cough severe, whooping and causing profuse perspirations; expectoration difficult and purulent; dyspnœa urgent; respiration very quick; pulse rapid; lips of a pale blue; very drowsy; trunk bent forward when sitting up in bed; no sound by percussion, nor respiration, excepting some slightly heard under the clavicle; the left side still more protuberant anteriorly, laterally, and posteriorly; intercostal spaces even with the ribs, very tense, and ribs immovable; the same impossibility of lying on the right side; heart's action still more marked on the right side, and extending to the sternum: the right lung having to arterialize all the blood, its respiration became puerile.

His sufferings and danger were too great to allow of trying succussion, but without that test, all the other symptoms were quite sufficient to indicate pleuritic effusion; and that without an early relief, the chance of his surviving twenty-four hours was very doubtful.

The ear having been applied to the part intended to be punctured, in order to ascertain that the lung was not adherent to the pleura-costalis, a grooved needle was introduced laterally, in a line vertical with the axilla, between the fifth and sixth rib: for a short time only blood from the parietes oozed out, but on depressing the needle serum became apparent; then the integuments were divided by a small opening, and a trochar introduced by Mr. Tuson, and nine pints of clear fluid were drawn off. At first the fluid was propelled out in jets during each inspiration, and at each expiration air rushed in with a whizzing noise, the jets becoming gradually less, and the flow more uniform, approaching to a continued stream; till towards the last, air rushed in during the inspirations, and not as at first, during the expirations. As the last pint was drawn off, he was inclined to the left side, so that the remaining fluid might gravitate towards the opening; and when all the fluid had come away, he was made frequently to take deep inspirations. When the orifice of the canula was closed, to prevent the air rushing in, then on removing the finger during expiration, by coughing, the air was forcibly expelled with some bubbles, making a noise like a nearly exhausted pump; by this process the air was in a great measure expelled from the chest, and then the opening was closed.

At different times during the discharge, he became faint when the canula was stopped for a few minutes, at the same time the heart was noticed to move gradually from the right to the left side, and when it reached its natural place it caused pain there, which extended down into the abdomen.

Towards the end of the operation he expressed himself as greatly relieved in his breathing.

Before paracentesis the respiration was 50, pulse 128 in a minute.

In the middle of the operation - - 46, — 126

At the end - - - - 38, — 120

Three and a half hours after - - 40, — 120

The following day he felt quite easy; respiration tranquil; crepitous respiration anteriorly and posteriorly, with clear sound on percussion; can lie on the right side; whistles for the nurse, and expresses his wants in a whisper.

Nothing hereafter was attempted by medicine, but merely to regulate the bowels; but particular attention was all along paid to diet, and thus

by promoting his general health we trusted to effect the absorption of the fluid; he gained strength, and the expectoration became trifling.

The following week respiration became less marked, and not audible at the base of the lung; but on speaking or coughing, a sound was emitted, below the spine of the scapula, as if a bronze vase were struck—the “bourdonnement amphorique” of Laennec—but which was not affected by inspiration nor expiration: sound on percussion more sonorous on the lateral part of the left side, when lying on the right, than when sitting up, when the lowest parts emit the dullest sounds,—indicating that liquid was again effused.

About three weeks after the paracentesis, when he was laid on the right side, and the ear applied to the left axilla and downwards to the lower ribs, and the patient made to shake himself, according to the Hippocratic method of succussion, a most distinct fluctuation was heard, indicating the presence of both air and fluid in the left pleural cavity; this sound continued to be heard many weeks, even without applying the ear to the chest, and was also heard by the patient when turning himself in bed; it gradually became less, and ultimately ceased, without again having recourse to the trochar; but the wound which was at first made by it was long in healing, though no fluid escaped by it after the operation.

He was discharged on the 20th June, no sound by succussion having been heard for the three preceding weeks, respiration being heard over all the left side, but very feeble at the lower part, where the sound is the dullest, the puerile respiration being now gone. There is some slight curvature of the spine, but both sides are nearly uniform in appearance: eats, drinks, and sleeps well; is fat, and has a full glow of health in his face.

He came to see us six months afterwards. Was quite well, and in service; but the left side was a little more contracted than the right, and the muscles, less developed, but which he himself attributed to his rarely using the left hand. Respiration was then general, but not equal, being the most feeble at the lower part of the left lung; the left scapula was lower than the right, with some slight curvature of the spine.

Here, as Laennec observes, the lung being bound by false membranes, or the union of two, forming one, of a fibro-cartilaginous nature, the parietes of the chest contracted towards the lung, and thus diminished the left pleural cavity; and perhaps the increased respiration, by necessity, of the right lung, might tend to develop that side, and make the disparity still greater,—being the reverse of what was the comparative state of the two sides at first.

It may be observed in this case, that the effusion was great, embarrassing the respiration and circulation, diminishing rapidly the vital powers, and threatening asphyxia; that at an early stage of the disease it was evacuated all at once, and not by portions; after which the orifice was immediately and permanently closed; that the atmospheric air came all at once in contact with the entire pleural cavity, without producing the dreaded effects on an inflamed serous surface. Notwithstanding the several tendencies to fainting, the regular diminution of the pulse and respiration encouraged the persistence in the total abstraction of the liquid; afterwards the fluid was found again to have accumulated, and soon after it was ascertained, by succussion, that air as well as fluid were contained in the

pleural cavity ; that this second effusion was removed by absorption, without the aid of medicine ; that he left us in good health, and continued so six months after.

The opening was not made low down ; for it has happened that when made there, the instrument has not only passed through the intercostal space, but likewise through the diaphragm ; and by giving the patient the proper inclination towards the last, so that the remaining fluid might gravitate towards the opening, all the advantages, without the danger, were obtained ; lastly, the air was exhausted as much as possible by pumping it out of the chest.

It has been noticed that the air at first rushed into the chest during expiration, and towards the end during inspiration. To some this may appear a mistake, or careless observation ; yet it admits of easy explanation. At first, little or no vacuum existed in the chest, it being filled with fluid and compressed lung, admitting of little respiration. Likewise the diaphragm and parietes were immoveable, from the great and constant pressure ; but an opening being made, then on inspiration the lung becoming partially dilated, the parietes and diaphragm remaining fixed, the liquid was propelled out. On expiration the lung contracted, and a vacuum would have remained in the chest equal to the fluid ejected, if the air at that time had not rushed in and filled up the space. Towards the end, when the pressure was greatly taken off the parietes and the diaphragm, they both admitted of dilatation and contraction during inspiration and expiration. At that time the fluid was greatly diminished ; then, on inspiration, the lung only admitted of dilatation to a certain extent, being restrained by false membranes ; at the same time the ribs and diaphragm admitted of increased dilatation, proportionate to the diminution of the fluid, thus causing a vacuum greater than the lung was able to fill up. Air then, on inspiration, rushed in, and was forced out during expiration, from the ribs and diaphragm contracting quicker than the lung.

It has been noticed that, as the fluid flowed out, it was limpid and transparent, but soon after shreds of fibrine were found floating in it ; and when it became quite cold, it had separated into three parts ; first the loose shreds of floating fibrine ; then large, globular, hydatid-like masses, floating or suspended in a more liquid fluid,—the two last having the appearance of half-cooled calf's-foot jelly.

Now had the patient died just before the chest was punctured, the effused fluid being then in a situation the most favourable for its separation, by a slow and gradual cooling process after death, may we not infer that, under such circumstances, a portion of the fibrine and albumen would have been deposited on the membrane immediately in contact with it—that is, the pleura pulmonalis and costalis, forming the albuminous layers of the French, or the coagulable lymph of the English pathologists, and constituting the newly-formed false membranes so commonly found after death ?

May we not justly conclude that, in cases in which much serum has been effused, many of these formations have their origin after death, and not, as is so commonly supposed, before death ? for may not the serum, like the blood, when drawn from the body, or cooled in the body after death, be separated into two parts, the one a more solid, and the other a more fluid body, than the serum or blood itself ? for this

*fluid**, like the blood itself, contained both albumen and fibrine, but was free from the red colouring particles of the blood.

How often, in ascites, when the peritoneal coverings of the intestines and abdominal parietes are pale, and exhibiting not the least traces of inflammation, do we find in the convolutions of the intestines so white, gelatinous, or custard-like deposits, which may be removed by the slightest touch. The same appearance may be noticed, along with effusion into the pericardium, particularly after recent inflammation; also between the convolutions of the brain similar sub-arachnoid deposits may be found, with or without traces of inflammation in the serous membranes, and many of which may have been gradually deposited after death, as the body gradually became cold.—*Medical Gazette*.

On the diseases of Bone.—By PROFESSOR STANLEY.

THE next point for consideration is the osseous system in conditions of disease. The first lesson, said Mr. Stanley, which Mr. Abernethy gave on diseases of bone, was, that bone being organized like the soft parts, is subject to similar diseases. How strange to find a distinguished surgeon and anatomist declaring that the laws by which the diseases of soft parts are governed, are in no wise applicable in the consideration of the affection of the osseous tissue!

As in soft parts we find the diseases modified in correspondence with the peculiarities of their organization, so in bone we find the affections occurring in it assuming a peculiar character, slow in their progress, whether increasing, or under treatment decreasing, and very prone to recurrence after the part once attacked. For instance, a bone once attacked by chronic inflammation, and by it rendered more dense and enlarged, is constantly afterwards likely to be similarly attacked, even at distant periods, before the cure will be completed. But although, in correspondence with languid circulation and weak sensibility, its diseases are but slow in progress, the structural alterations of bone are frequent, and of very various character—much more common, for example, than those of muscles, or serous membranes, whose organization generally is of a much more exalted character.

A very remarkable circumstance observed in connexion with the peculiar vital properties of bone is, that its injuries and diseases generally affect the constitution much less than those of soft parts: for example, in cases where it is necessary to perforate the dense and hardened parietes of a tub to remove a portion of necrosed bone, which by its presence has produced continual inflammation of the adjacent parts, notwithstanding the pain and severity, and tediousness of the proceeding, it is very rarely found to be followed by that extent of constitutional disturbance which an operation of like severity on the soft parts would certainly have produced.

A constant correspondence may be remarked between inflammation

* Analysis of the fluid by Mr. Everitt:—Specific gravity, 1.022. Coagulation took place at 80 degrees; became perfect at 85. 1000 grains produced 70.5 of dry albumen; common serum, according to Berzelius, contains 80. Febrine, similar to that found in the fluid, was obtained by filtration.

the medullary membrane and of the periosteum, and of the substance of the bone itself, so that it is difficult, on looking at a bone in which there has been for some time a diseased process carried on, to determine in which tissue the affection first commenced, and the order in which it has supervened in the others. For instance, if an abscess form in the medullary tissue, the irritation is speedily propagated to the corresponding part of the periosteum, in which ulceration may occur, or suppuration take place, between it and the bone, [as illustrated by specimens which were exhibited.] So, too, in cases of venereal nodes; these beginning in inflammation of the periosteum soon produce irritation of the bone itself, causing increased thickness and density of its walls, and sometimes even obliteration of its medullary cavity.

A further illustration of the same correspondence of action between the external and internal tissues of bone, is found in the formation of those osseous cysts which the older surgeons called *spinæ ventosæ*; these cysts were formerly considered to arise from the mechanical expansion of the bone; but Mr. Hunter more correctly referred them to the principle here announced, remarking, when speaking of the adhesive and ulcerative inflammations in bone, that when the former takes place on the outside at the same time that the latter is going on within, the bone may sometimes be found enormously increased in size. Great difference is observable in regard to the thickness of the walls of these cysts: in some instances it is not greater than that of paper; in others it amounts to a full inch. In the former case it may present a peculiar sensation to the touch, which has been compared to the crackling of parchment, or the breaking of an egg-shell; in the latter it gives the sensation of a solid bony tumor, an osseous exostosis, from which it is with difficulty distinguishable.

Their contents, too, may vary; they may be merely the products of simple inflammation, as serous or purulent fluid; or they may present the characters of the products of specific diseases. Mr. Stanley had found them filled with blood, with scrofulous matter, with encephaloid substance; and from this circumstance he would explain the great difficulty which had existed in regard to the real characters of the *spinæ ventosæ*, the name having been applied in reference to the one character of enlargement common to all the forms of bony cysts, however different their contents, and consequently their real nature, might be.

By a process similar to that by which these osseous cysts are formed, the natural cavity of a bone may become enlarged. For instance, the antrum may be found considerably increased in size, and this either with thinning of its walls producing a tumor which will give the peculiar crackling sensation, or with thickening of them, imitating a solid bony tumor. In illustration, Mr. S. alluded to a case related by M. Gensoul, in his *Memoir on the Diseases of the Maxillary Sinus and Lower Jaw*, in which the antrum being opened during an operation commenced with the intention of removing the upper jaw, was found filled with a glairy fluid, and containing a canine tooth, which was adherent to the lining membrane at the bottom of the cavity, and to a somewhat similar case in a patient at St. Bartholomew's Hospital, where a cyst attached to the lower jaw contained a cuspidatus tooth.

In tracing the analogies of the morbid changes in bone and the softer organs, the increase of its natural structure is first met with, corresponding with the hypertrophy of the soft tissues: thus as the heart may be found

having its left ventricle increased to twice or three times its natural thickness by the addition of healthy muscular tissue, so may a bone be found similarly increased in the dimensions of its compact or cancellous texture. Partial hypertrophy, occurring either in the walls or medullary tissue of a bone, constitutes one form of the osseous exostosis, and of the venereal node. Hypertrophy of the whole of a bone, producing increase of its thickness, is by no means rare, but increased length from this or any other cause is exceedingly scarce. Mr. S. produced from the Museum of St. Bartholomew's the only example he had ever seen of this change. It had occurred in the tibia, which with its increased length had become curved to adapt itself to the fibula, which had undergone no change, and to which the ligaments united its ends too firmly to admit of its separation. As to the cause of hypertrophy, we have no further knowledge of it in bone than in any other tissue; it may be an increased action of the nutrient vessels, but it has none of the other characters of inflammation. It may be that the fault is rather with the absorbents, which are deficient in action; and this view is supported by the influence of iodine and mercury in removing the venereal nodes and osseous exostosis.

Bone, in common with all other vascular and organized parts, is subject to inflammation; and it may be asked whether the phenomena which characterize that process elsewhere occur here also. Respecting the increased heat no observation can be made; but of the existence of redness, pain, and swelling, there can be no doubt.

As before mentioned, the canals transmitting the vessels in bones are larger than the vessels themselves which are thus capable of enlargement, so that the bone shall contain more blood. It may be presumed, too, that vessels which before would not admit blood globules are now permeated by them, and give the bone every where a deep red colour. Thus Mr. S. had seen in a bone from which the periosteum had been violently stripped, first a pale rose, and afterwards a bright red colour produced, and in an operation to extract a sequestrum, a flow of blood from the cut surface of the surrounding inflamed bone, as free as from a divided muscle.

With regard to the pain, it might not be considered sufficient to refer to its being usually present as a symptom, for it might arise from the excitement of the nerves in the coverings of the bone, and especially in the periosteum; but sufficient proof is to be drawn from the pain, which is often felt on sawing through an inflamed bone—from the greater pain of the granulations, from a diseased bone, than in those from one in a tranquil state.

The swelling of an inflamed bone is a rare occurrence; but through the liberality of Mr. Arnold, a representation of a case was shewn, illustrating both it and the increased redness. Excision of the heads of the bones had been performed in a case of disease of the elbow-joint in a young subject. Inflammation of the shaft of the humerus followed, and the patient died before it had subsided. The bone was found of a deep red colour, and, as compared with the opposite humerus, evidently much enlarged by the expansion of its textures and the separation of its layers, as clearly seen in a transverse section. Thus in the simple swelling of bone, its expansion, in consequence of the separation of its layers and fibres, the action of its vessels has produced the same effect as prolonged maceration in a weak acid liquor.

In considering the terminations of inflammation in bone, the first to be noticed is its enlargement, with increase of density, even to the production

of a hardness equal to that of ivory, resulting from the deposition of osseous matter between its layers. This increase of size and density coincidently, proves that the enlargement is accompanied by a more than proportional increase of earthy matter; it agrees altogether with the thickening and induration of soft parts from chronic inflammation. The change may occur in one bone only or in many, in the same individual, as shown in the effects of syphilis, rheumatism, &c.

Another result of inflammation is ulceration. To this the term caries should not be applied, for there is no reason why ulceration of bone should receive a special name rather than that of any other tissue: this term should be restricted to a peculiar ulcer of bone, for in bone, as in soft parts, there are a healthy and a morbid ulcerating process. The ulcerating surface of a bone is rough and excavated, often presenting a number of minute circular hollows, reminding us of Mr. Hunter's description of an ulcer in soft parts, as being "made up of little cavities or hollows." Around an ulcer in bone there is generally found a heaping up of osseous matter, proportioned to the activity of the process, and analogous to the thickening which occurs around an ulcer in soft parts. Its presence is characteristic of the inflammation by which the ulcer was formed, for a similar thickening and increased density is not observable around bone which has been progressively absorbed in consequence of the pressure of a tumor, nor around some varieties of specific ulcers, as those occurring in scrofula, syphilis, and in *noli me tangere*, when it spreads to the bones of the face.

A remarkable fact connected with ulceration of bone is, that the lost bone is never reproduced. The utmost reparation that takes place after it, is the cicatrization of the parts around it; and in instances of ulceration penetrating the shaft of the tibia, Mr. S. had seen the vacancy filled by a gristly substance, with osseous points scattered through it, but never sufficiently to render it a mass of bone. In other cases of a similar kind to this, the limb has become again useful, the skin has cicatrized, and the patient has walked upon it; but on examination it has been found that the space has been filled up by gristly matter, and the restored strength of the limb has been the result of ossification of the interosseous ligament and increased thickness of the fibula. But the best illustration of the non-reproduction of bone lost by ulceration, is found in the cure of disease of the bodies of the vertebræ. Here the gap formed by the removal of the bone by ulceration is not filled by new bone, but the surfaces above and below approximate and unite, and an angle more or less acutely projecting behind, according to the number of vertebræ affected, is formed by the ankylosis of those that remain. Hence we see how necessary it is to arrest as early as possible the progress of the disease; for if a single vertebra be lost, a cure without deformity is impossible.

When it is remembered how vascular the interior of a bone is, and that there is a distinct vascular membrane lining the medullary tube and cells, it will not seem surprising that suppuration should be an occasional result of inflammation in it. Its seat is the medullary tube, or the cells of the cancellous texture. It may not be impossible, but Mr. S. never saw an instance of distinct isolated suppuration in the compact substance of bone. By absorption of the osseous substance, the matter formed in the medullary tissue may extend into the contiguous compact substance forming the walls of a bone, but this is very different from the formation of an abscess primarily in the latter. Suppuration occurs in bone in two distinct forms.

The matter may be diffused through the cancellous texture, or contain a single circumscribed cavity. Instances of the former are found in skull, when inflammation ensues in the bone after a blow, and pus may be observed pervading the whole diploe; or it may supervene after amputation of a limb, and be found extending through the whole medullary tube and cancellous texture of the remaining part of the bone. Instances of the latter occur often in the cancellous texture of the articular end of a bone, especially in the lower head of the femur, and in the head and distal end of the tibia. In all the cases which Mr. S. had dissected, he had found the cavity lined by a thick and very vascular membrane, which was altogether a new production. [Drawings and specimens illustrating each of these several forms were shown.]

The collection of matter throughout the cancellous texture is, of course, likely to be followed by ulceration of the walls, to admit of its escape: hence those sieve-like skulls so remarkable in museums, in which the outer table is found drilled by a number of minute apertures, which gave exit to the matter from the diploe.

The circumscribed abscess in bone may be long stationary; a little condensation of the surrounding cancellous texture, and thickening of the adjacent soft tissues, being its only effect; or the walls may be absorbed in a small part, and an aperture formed by which the matter may escape into the surrounding cellular tissue (as in the specimen shown;) or, again, it may enlarge considerably, the internal ulceration being coincident with external deposition, and the two progressing together will produce those large osteocysts before alluded to as the *spinæ ventosæ* of former anatomists, in illustration of the connexion which generally exists between a morbid process in the external and one in the internal corresponding part of a bone. One specimen presented, such a cavity had formed in the sacrum, and had been filled by purulent fluid; and a drawing was shown of a very remarkable specimen, belonging to the Museum of the Royal College of Surgeons in Edinburgh, in which an enormous cavity existed in the head of the tibia. The sides of this cyst were, in parts, more than an inch in thickness, and there was a large circular aperture at one part which led to its interior, and through which matter was allowed to escape. The patient had been long subject to the disease, and was in the habit of wearing a wooden plug in the aperture, and of withdrawing it whenever the accumulation of fluid rendered the limb painful. The quantity of pus secreted by the walls of this immense cyst varied from eight to sixteen ounces daily.

The bones of the metacarpus and metatarsus are most liable to enlargement in this way, from abscess in their interior. The larger and cylindrical bones are less frequently thus affected.—*Medical Gazette*.

Laryngitis and Tracheotomy.

By JOHN ARMSTRONG, Esq. Gravesend.

JOHN COX, ætat. twenty-three, a waterman, residing in this town, had felt his health impaired for some weeks past, in consequence of several hours' exposure during the severe weather about Christmas last: for the last fortnight his indisposition has increased, but still, hoping to get better, no application was made for medical relief.

April 13th, I was requested to visit him: he was confined to bed, and

plained of his throat, which on inspection appeared slightly inflamed. There was lassitude, with pains of the limbs, particularly thirst, and slightly-coated tongue; pulse feeble, about 80. I prescribed five grains of calomel, and three of pulv. Jacobi, to be taken directly, and followed by a common aperient draught; and some diaphoretic medicines to determine to his skin. On the next day he appeared rather better; still complains of his throat, which appears much as the day previously, that is, general diffused redness, with scarcely any swelling, and no ulcerations: I advised him to continue the same medicines, and to apply a blister at bed-time, should the throat continue painful.

It appears that a short time after I left him, 11 A.M., he was attacked with what his parents described as a harsh cough, with a sharp whistling noise, but which they thought of no importance; these symptoms, however, continued to increase, attended with much difficulty of breathing, but of which they never apprized me, from, as they said, "an unwillingness to give trouble," until about four o'clock next morning, when they became much alarmed by the extreme difficulty of breathing, and sent for me. As soon as I entered the house I could hear the horrible croupy cough and whistle; his countenance was becoming livid, and his respiration terribly oppressed. I instantly made a large orifice in his arm, from which the blood flowed pretty freely, but the respiration became every moment more embarrassed, the countenance more livid, and before I obtained ten ounces, respiration had become entirely obstructed; he seemed suffocated: his parents cried "He is gone!" I immediately resolved to perform tracheotomy. I had no assistance; the father I sent to our surgery for trachea-tubes, &c. The mother (the only person now with me) was, from terror and distress, unable even to hold the candle. I placed it, however, on the chest, and removing the blister, proceeded carefully, yet rapidly, through this operation. I succeeded with the loss of very little blood, and divided the two or three first rings of the trachea longitudinally. As soon as I opened the trachea there was a rush of air through it, and some little time after an attempt at respiration, which, though at first with fearfully long intermissions, soon increased in frequency, the lividity of countenance disappearing with each respiratory effort. I had some difficulty in keeping the soft parts away from the aperture, and with a pair of dressing forceps, having the blades a little apart, I was enabled to keep the opening in the trachea patent. By the time the trachea-tubes arrived, breathing had become fairly established, and I was enabled to introduce a middle sized one without much inconvenience.

11 o'clock.—He has had two motions, on which occasions he got out of bed, and his intelligence returns: I have commenced the free administration of calomel and opium.

7 P.M.—Complains of soreness of the chest; respiration goes on freely through the tube; tongue coated with a brown dry fur; skin hot and dry; pulse quick; a dozen leeches were applied to the anterior part of the chest, and saline diaphoretics with antimonials were prescribed in addition to the calomel and opium. It is unnecessary to give all the details of treatment in this interesting case: after a few days the trachea-tube was withdrawn; respiration was performed partly through the artificial opening: slight sloughing disposition of the wound, with erysipelatous redness over the chest and neighbourhood of the opening, were promptly and successfully met. About the tenth day he was put on quinine, with a liberal diet; his health daily improves, and the wound is almost healed.

I would just observe, that I was not a little surprised to find the muscles of respiration begin to resume their operations without any artificial respiration having been used: certainly I should think, from five to ten minutes must have elapsed from the suspension of respiration, until I could make the opening into the trachea. It is also deserving of remark, that a completely had consciousness been suspended, that the man up to the present has no recollection of the operation or of any of the circumstances immediately preceding or succeeding. This important case strongly indicates the necessity of clear anatomical knowledge, with coolness and steadiness of hand and head: most of the operations which a surgeon is called upon to perform will admit of time to refer to authorities, to consult plates or preparations, or to reflect on the anatomical relation of the parts, and the best mode of operating, but such cases as the above admit of no hesitation; a few minutes spent in *making preparation* would effectually seal the doom of the Patient. Very little assistance, and few instruments, are requisite. I had not even a person to hold the candle—a good scalpel and a trachea-tube, (Liston's) or a piece of folded card, are all the instruments I conceive requisite. The nail of the forefinger of the left hand will be found a very useful instrument on these occasions.—*Medical Gazette*.

Resistance of Iron to the Action of concentrated Nitric Acid—Inferences connected with Galvanism.

ON Friday, April 28, 1837, Mr. Faraday delivered at the Royal Institution, to a crowded audience a lecture of very great interest, on certain newly-discovered relations of iron towards chemical affinity and the electromagnetic influence. He illustrated the general nature of the subject in a very beautiful manner; but we must confine ourselves to his remarks on iron.

It appears that although iron possesses a strong affinity for oxygen, yet it is not acted on by concentrated nitric acid, while the addition of water immediately causes intense action. This peculiarity of iron adds to the interest which it already possesses, on account of its occasional meteoric origin, and the extraordinary changes produced in it by the addition of carbon, silex, &c. Mr. Faraday has found that a mixture of equal parts of water and strong acid just begins to act on iron in the lowest degree, while its action may be much increased by the addition of more water. Iron which has remained for some time in the strong acid (and a piece was exhibited which had remained for $11\frac{1}{2}$ months unaltered in the concentrated acid,) acquires such a condition as not to be acted on by the dilute; yet if, when immersed in the dilute acid, it be touched with a piece of common iron, its state is altered, and it is acted on as usual; and again, on being touched with platinum, it regains its former state in which the action of the acid is withstood.

By former experiments (and it was by this train that Sir Humphry Davy was led to his beautiful mode of protecting the sheathings of vessels,) it has been found that copper and some other metals, when in contact with iron exposed to an oxygenating influence, accumulate the corrosive action on the iron; while here the case is reversed, the platinum exercising a preservative influence over that metal. Iron is found to overcome the force by which copper is held in combination with other bodies, and copper the

combining power of silver; but nevertheless, what was not at all to be expected, iron (we understood the lecturer to say) does not destroy the combinations of silver, and silver is found to preserve in iron the same way the platinum. This forms a strange anomaly in the phenomena of chemical union, and its explanation will be very important in determining laws of affinity.

In conclusion Mr. Faraday remarked, that these discoveries as to the properties of iron set at rest a long agitated question, and prove that voltaic action is not owing to metallic contact, but to chemical action; metallic contact merely affording a channel for the flow of voltaic currents. When it is placed in strong nitric acid, a certain degree of action is at first excited, which immediately affects the galvanometer; but as soon as this violent action subsides, although the metallic plates remain in contact as before, the galvanometer is not at all influenced.

Mr. Faraday then exhibited what may be termed the *experimentum crucis* on this subject. A small galvanic arrangement of zinc and platinum, consisting in fact of only four plates, was used, in which metallic contact was prevented by the interposition of pieces of paper. These papers were moistened with dilute nitric acid, and a solution of iodide of potassium was placed on each; and when the circle was completed the iodide was thrown down, the common effects of chemical action being thus displayed without metallic contact whatever. *Medical Gazette.*

HIS LATE MAJESTY'S DISEASE.

The principal symptoms during life were cough and oppression of breathing, and a very languid state of the circulation, but without the signs of effusion in the chest. As the disease advanced the pulse became scarcely perceptible at the wrist, while the expectoration presented a considerable admixture of blood,—the function of the lungs becoming progressively more embarrassed.

The phenomena taken collectively clearly indicated organic disease of the heart, of a nature not likely to be essentially mitigated by any remedies; the result which has taken place was therefore fully anticipated by those who were aware of his Majesty's condition;—although, from the circumstance of the royal patient not merely seeing but actually revising the bulletins himself, this was made less apparent in those documents than it would probably otherwise have been the case.

On opening the body the heart was perceived to be enlarged and flabby, and a few shreds of soft lymph gluing the surfaces of the pericardium together. The right side was comparatively healthy, but the left showed very extensive disease of both sets of valves; those of the aorta were ossified, presenting an obstruction to the passage of the blood into that vessel, which was rough on its internal surface, but without dilatation. The mitral valves were also ossified, and suffered the blood to regurgitate. The tendency to ossification extended to the respiratory organs; the larynx, trachea, and even the bronchi, being ossified. The left lung was greatly gorged, and the pleuræ on this side firmly united by thick adhesions of ancient date. In the right cavity of the chest were some twelve or fourteen ounces of serous fluid, probably poured out during the few days immediately preceding dissolution. The liver was enlarged and granulated: there was a slight granular disease of one kidney.—*Medical Gazette.*

From the 9th to the 30th of MAY, 1837.

<i>Diseases.</i>	<i>May</i>	<i>9.</i>	<i>16.</i>	<i>23.</i>	<i>30.</i>	<i>Diseases.</i>	<i>May</i>	<i>9.</i>	<i>16.</i>	<i>23.</i>	<i>30.</i>
Abcess	—	2	3	1		Inflammation of					
Age and Debility	45	46	35	38		the Brain . . }	5	6	2	3	
Apoplexy	13	7	6	2		— of Bowels and }	8	3	—	—	
Asthma	10	15	11	10		Stomach . . }					
Cancer	1	2	—	1		— of the Lungs	10	10	4	7	
Childbirth	4	5	1	1		and Pleura . . }					
Consumption	72	57	45	32		Influenza	4	—	1	—	
Constipation	—	—	—	—		Insanity	4	7	—	1	
Convulsions	27	32	16	22		Jaundice	1	1	—	—	
Croup	2	—	1	2		Liver, diseased . .	4	3	2	8	
Dentition or Teething	6	11	5	6		Locked Jaw	—	—	—	—	
Diarrhœa	—	1	1	—		Measles	10	12	10	7	
Dropsy	18	14	9	11		Mortification . . .	5	4	3	2	
— in the Brain	18	5	14	12		Paralysis	3	4	4	1	
— in the Chest	—	2	1	1		Rheumatism	—	—	—	—	
Dysentery	—	1	—	—		Scrofula	—	—	—	—	
Epilepsy	—	—	—	1		Small Pox	1	3	5	—	
Erysipelas	—	1	1	—		Sore Throat & Quinsey	—	—	—	4	
Fever	13	11	1	7		Spasms	2	8	1	1	
— Scarlet	—	4	1	1		Stone and Gravel . .	1	—	—	1	
— Typhus	8	—	1	—		Stricture	—	—	1	—	
Gout	—	2	—	1		Thrush	1	1	1	—	
Hæmorrhage	1	—	—	—		Tumor	—	—	—	—	
Heart, diseased . . .	1	5	1	—		Venereal	—	—	—	—	
Hernia	—	—	—	—		Unknown Causes . .	11	16	19	15	
Hooping Cough . . .	14	16	7	13		Casualties	8	3	3	6	
Indigestion	—	—	—	—							
Inflammation	39	19	22	28		<i>Total</i>	<i>365</i>	<i>318</i>	<i>228</i>	<i>242</i>	

BOOKS RECEIVED FOR REVIEW.

*Hygiène Morale ou application de la
Physiologie à la Morale et à l'Éducation,
Par Casimir Broussais.*

Baillière.

Dr. Ryan's Medico-Chirurgical Formulary.

A Translation of the Pharmacopœia Londinensis. By T. Castle, M. D.

Some account of a Fever prevalent in the year 1831. by G. L. Roupell, M. D.

De la Prostitution dans la Ville de Paris.
By Parent-Duchatelet. Second Edition.

Baillière.

Traité Pratique de la Phtisie Laryngée ou Laryngée Chronique et des Maladies de la Voix. Par Trouneau et Belloc.

THE
CONTINENTAL AND BRITISH
MEDICAL REVIEW,
OR
MONTHLY THERAPEUTICAL JOURNAL.

AUGUST 1, 1837.

On the ENDERMIC METHOD, (*second Article.*)

BY THE EDITOR.

WHILE the endermic method was employed in France by the most celebrated practitioners, both in the hospitals, and in private practice, it was seldom had recourse to in England, and it is evident from the relation of the cases that have been given to the public, that English practitioners were not well acquainted with its rules.

When we introduced the question of the endermic method at one of the Medical Societies in London, a member brought forward some cases treated by this plan, and as he did not precisely follow the rules for this practice, the result was unfavorable.

Dr. T. Thompson, professor at the London University, applied one grain muriatis morphinæ on a raw part of the thigh of a woman who had long been affected with sciatica, in the course of an hour she lost the use of her speech, she vomitted, was in a state of delirium, fell into a gentle sleep, and awoke the following day cured of her sciatica. Another individual was afflicted with mania and had previously epileptic fits, he was much agitated, and during the night was generally in a state of great excitement. Two blisters were applied to the neck, and two grains of morphia were put on the surface, the following night the patient was quiet, and the next day he was free from pain, and irritability of the nervous system.

A young woman, eighteen years of age, had always enjoyed good health, till four months since, when she first noticed a black spot under the nail of the middle finger of the right hand; the finger had been since several times swollen, red, and painful; it had been opened several times, but no matter escaped. The pain extended up the arm and shoulder to the spine; there was also tenderness on the nerves of those parts. Leeches were repeatedly applied to the dorsal spine, as well as cupping and blistering, without any benefit. The fingers could not be extended, on account of the pain experienced in the attempt; there was heat and redness up the

arm, with occasional pain in the spine; she kept the arm close to her side. On the 26th of February leeches were applied to the spine; these were repeated without benefit; and, on the 1st of March, she was admitted into the hospital. As her bowels were confined, she took purgatives with effect, and a blister was applied to the spine. A grain of morphia was sprinkled on the abraded surface. This produced a benumbing sensation down the arm to the fingers, but that ceased in the course of three or four hours. A second application of morphia was made, and produced the numbness of the limb again; soon after which, she began to recover motion, and, in the course of a few hours, was quite well, the morbid sensations having entirely left her.

The three preceding cases are fully in favor of the endermic method. But in the report of the Westminster Society, given in the *Lancet* of the 4th of March, 1837, we find that Mr. Clinch inquired if Dr. Thompson had applied Morphia by this method in cases of *tic douloureux*. He (Mr. Chance) had applied a blister in a case of this kind, about the size of a shilling over a portion of the affected part; and placed four grains of acetate of Morphia on the abraded surface; slight numbness was produced, but the pain was not relieved. He had also employed muriate of Morphia and Belladonna, but neither were successful in removing the pain.

What strikes us most in this case is, the surgeon's boldness, who employed *four* grains of acetate of morphia; if chance had not saved him, or if rather the omission of some of the rules to be followed had not preserved the patient from the effects of morphia, its too powerful effect, no doubt would have been too forcible.

The patient not having been either benefited or injured, it may be presumed that the medicament was not absorbed, either because the blister did not rise and the skin did not come off, or because the medicament was applied too late, and that a new skin had formed.

Mr. Pettigrew, at the same meeting, related a case in which castor oil applied to the denuded surface of a blister had cured an obstinate constipation which had resisted all other means.

Of all the diseases to which the endermic method is applicable, none offers more chances of success, and greater advantages in neuralgic affections; the very seat of pain may be thus attacked along the whole length of the nerve, and even as far as the nervous centre. Wherever there is neuralgia it may easily be treated by the endermic method. The effects of this mode of treatment are incontestible in intermittent fever; Mr. Chomel placed this matter beyond a doubt by the numerous successful experiments made at the Hôtel Dieu, in Paris: the results of this medication are not more certain in every sort of neuralgia than in intermittent fever; and we may be allowed to give some facts taken from our own practice extracted from M. Lember's memoir.

Rheumatic neuralgia—Lumbago.

M. 32 years of age, was subject to lumbago, the least chan

temperature or the least exertion brought on a fit of lumbago, the mere act of stooping had a similar effect. It was generally on one side of the loins only. The lady when suffering thus, could not walk without support, or else placing one hand on her knee and gently advancing side ways. There is no apparent change in the lumbar region, but there is stiffness in the muscles, they appear contracted, but the patient's endeavours to walk may explain this contraction; under these circumstances, the spine seems stretched. In the space of four years, I have treated this patient at least ten times for attacks of lumbago; at first I advised local bleeding, baths, friction, the patient recovered, though slowly. The four last attacks were treated by the endermic method, several small blisters about the size of a sixpence were placed near the lumbar region, on the part affected, and as soon as the epiderm was dried up, I dressed the blister with the *murias morphiæ*; in two or three days, the patient was free from pain.

The last time I treated the disease with aconites. A grain of this alkali was mixed with an ounce of lard; I only employed about a drachm of this salve, so that the quantity of aconites was not more than the eighth of a grain, and all of it may not have been absorbed; the patient felt a species of numbness, and was cured in two days.

The opinion of authors is not unanimous on the nature of lumbago, but I consider it mostly as a species of neuralgia. I admit nevertheless that lumbago may be attended with inflammation, but inflammation may be but a complication: Lumbago sometimes comes on, without the patient being exposed to cold, without pain or swelling, and without the disease following the course of general inflammations. Besides, the pain is so acute, and there are such marked exacerbations, that there can be no mistake as to the nature of the neuralgic affection. Even in doubtful cases, the pain depends so much on the nerves of this region, that the disease caused by rheumatism, or a sympathetic state, principally gives way to the action of medicaments employed under the epiderm.

There are pains in the loins extending the whole length of the abdominal limbs, these pains which are always most acute, are caused by a deep alteration of the uterus, the nerves even undergo an alteration. How then are these deceptive lumbagos, or sciatica of the same kind, to be treated? Is it certain that narcotic medicines put on the womb will allay the pain? Will medicaments that undergo the digestive action of the stomach succeed? It is at least doubtful, and I have several times very successfully, applied small blisters on the length of the lumbar and sacred nerves, as well as on the branches of the cutaneous and sciatic nerves, so as to relieve the pain of which the womb is the seat.

Sciatica.—In January, 1837, when the influenza broke out in London, several patients complained of neuralgic pains; few authors have signalized the existence of neuralgia, excepting Dr. Lombard,

of Geneva, in his memoir on the grippe. In all these patients found a bilious disposition, which induced me to have recourse to an emetic in the early stage of the treatment; several patients were cured by the mere effect of the emetic; but a lady of thirty, was confined to her bed with paralysis, she suffered most severely, and not having been relieved by the emetic in the early stage of the disease, nor by frictions, nor turpentine, recommended by Martinet, nor colchicum recommended by others, I had recourse to blisters. I placed several on the extremities of the external branch of the sciatic nerve; I employed the murias morphiæ, dividing one grain in several parts, and the following day the patient was freed from her sciatica. I must observe that when I recommend several blisters, they are put on different branches of the same nerve, but the blisters are not larger than a sixpence.

Dr. Lambert relating a similar case, very properly observes, that it is important to distinguish sciaticas which are symptomatic of a disease of the spine. This distinction is difficult at first, as it is possible to mistake the paralysis which occurs, with the immobility to which the limbs are subjected through rheumatic pains; it is important to understand the case thoroughly, as in the latter circumstance, it is essential to have recourse to strychnine rather than morphia.

Paralysis of both hands.—A miner, aged fifty-four, had been attacked eight times with the metallic colic, during the exercise of his trade, each time he was treated and cured. During his last convalescence the extensors of both hands became paralyzed. Strychnine was given, the right hand could not be held parallel with the fore arm, if it were not previously shut. When the fingers were half bent the arm could not be extended, and formed an obtuse angle with the fore arm: its movements were slow, difficult and confined in various ways; its temperature was sensibly weakened. The left hand presented the same phenomena in a less degree. The 8th of March, a blister was applied to each fore arm, and for the first time the patient complained of vertigo.

The 9th March, half a grain of strychnine on the blister of the right arm; an hour afterwards intense heat of the skin, and sensation of traction in both hands. The following day the patient was able to extend them better, nevertheless the usual vertigo came on. This state lasted till the 13th. At this time a grain of strychnine was applied, in the course of an hour a shock was felt in the fore arm, and in nearly the whole of the body.

The 14th more strength and freedom in the movements, and in nearly the whole body; the left hand seems free, the fingers easily extended.

The 15th the application is only made on the right arm, in which alone the shocks are felt. The use of strychnine is suspended till the 18th, on account of the vertigo.

The 19th a blister was applied to the nucha so as to act more directly on the encephalus; strychnine was given in doses of two

grains for several days, and the hands gradually regained their normal state.

Spontaneous Tetanus.—(LEMBERT.)—Margaret Broin of a nervous temperament and delicate constitution, had been five years in the hospital in the ward of incurables, for herpes, seated in the internal part of the thoracic and abdominal limbs; on the 23rd of July, she was walking with an epileptic patient, who fell in her arms in a fit. She was so terrified that she fainted. When she reached her own ward, she tried to relate to her companions what had passed; in the midst of the recital she was seized with convulsions, her face was contracted, the jaws closed so tight that the tube of a pen only could be introduced, the fore arms stiffly bent, the neck stretched and thrown backwards, and all the body stiff.

There could be no doubt but this was spontaneous tetanus, and I did not hesitate an instant using the acetate of morphia; at eleven in the morning I placed a small blister on the nucha; I took it off at three in the afternoon, and sprinkled on the surface a quarter of a grain of acetate of morphia. At six in the evening the trismus no longer existed, the other symptoms were the same. I again applied a quarter of a grain of acetate of morphia; at ten o'clock the fore arms had regained their powers. In the night the muscles of the face, neck, and eyes, had regained their normal mobility, and the next morning the patient had recovered.

Frontal Neuralgia, treated by Assafœtida.—LEMBERT.—A young woman of four and twenty, robust, and plethoric, was for the last four years subject to hysteria; and without any known cause was attacked with acute neuralgia of the forehead and temples. The following were the symptoms of this disease. Every afternoon between three and four a fit of trembling came on, accompanied by lancinating pains on both sides of the forehead. On the length of the temporal branches of the nerves of the face, the skin was wrinkled, injected, the eye-lids closed and contracted, tears and odontalgia to the left, swelling of the artificial veins of the temple, violent beating of the corresponding arteries; heat, giddiness, heaviness, pain in the pharynx, dysphagia, uneasiness, want of appetite; the catamenia regular. Antiphlogistics give momentary relief, but the *tic* came on with increased pain; bathing the feet, sinking linden and orange flower water, acetate of morphia taken internally gave no relief; frictions with acetic ether, and with acetate of morphia, one grain of which to be mixed in a drachm of lard; the draughts with assafœtida or musk were not kept on the stomach. The patient seemed to lose all courage and was quite in despair.

I applied half a grain of acetate of morphia on a blister, having left it to suppurate several days, it produced no favorable result. I increased the dose to two grains, the neuralgic pain completely disappeared: the weight of the head, vertigo, palpitations, nausea, vomiting, thirst, constipation, contraction of the pupils, particularly to the left, still existed. The next morning hysteria, the *tic* returned; we had recourse to tincture of assafœtida, ten drops were poured

morning and evening on the surface of the blister. The following day the shooting pains were slight. The temples were painful on pressure. The dose was increased to thirty drops, and in less than a week the patient had recovered her appetite and was completely cured.

Hemicrania, treated by Sulfate of Quinine.—A young man, three and twenty was affected with hemicrania while convalescing of a gastro enteritis. During ten days he felt it from five in the morning till twelve at noon, there were shooting pains and violent pulsations above the right-eye, and it is to be observed that this disease broke out in the spring, and during six years the patient knew that at the same period there was slight deafness, and the word resounded painfully in his ears. When the hemicrania was first felt, the state of the intestinal canal appeared as usual; six grains of sulfate of quinine placed on the blister, determined a cure.

To the facts here stated, various others might be added; nearly all French practitioners adopt the endermic method. The wish expressed by M. Boulland to see this method become popular, has been realized on the continent; no doubt that English practitioners such able appreciators of all therapeutic means, will adopt this plan, and have recourse to it, particularly when they have become acquainted with M. Lember's and Lesieur's experiments, as well as those of the learned professors of the Parisian school.

ON THE MANNER OF DENUDING THE SKIN.

The various means for denuding the skin are blisters, incision, and innoculation.

All animal, vegetable, or mineral substances, which produce vesicles on the skin, or carry off the epidermis may be employed for the endermic method.

Those most frequently used among animal substances, are cantharides. Among vegetable substances, some plants of the class such as daphnia mezereum, laureola gnidium, several species of euphorbia, various plants of the class of the urticariæ have those irritating powers which deprive the skin of its epidermis, by the abnormal secretion of the fluids they induce. Ammonia, caloric boiling oil or water, are applied for the same purpose, but common blisters are in most general use.

The application of a vesicular agent determines, on the part where it is laid, phenomena of a very important nature, and which should be well understood. In the first instance, the patient feels a burning sensation, which increases till it becomes very painful, it ceases altogether in a few hours, the capillary vessels are injected, the skin red, a serous and abundant exhalation takes place over the surface of the rete mucosum, the epidermis gradually rises from the skin and forms a vesicle, the pain then ceases. The vesicle is filled with albuminous serosity, when, according to the state of the patient, the blister is either irritating, or sedative, and becomes a useful auxiliary if the endermic method be properly indicated.

When the blister is taken off, the epidermis is detached by a limpid fluid, an opening made in the vesicle lets the fluid escape, and affords an opportunity of introducing the medicament without taking off the epidermis. Absorption is then more active: perhaps, says Lember, the contact of the air may produce the absorbent and denuded parts, an astriction similar to that determined on the arterial and venous extremities; at the first dressing the transparent pellicle should be carefully removed, to this omission may, in a great measure, be attributed the non success of several medicinal applications, and the inefficacy of four grains of muriate morphia mentioned by Mr. C.

When suppuration is established, it must be carefully cleansed, and all the matter covering the denuded part cleared away; this observation is applicable to exutories of long standing, which may serve to introduce medicaments without having recourse to a blister. Yet if exutories are callous, wan, atonic, blisters are more desirable, for edema, pus, and fungosities prevent absorption: sometimes these denuded surfaces may be vivified by cauterization.

When the inflammation is but slight, absorption is frequently very active; if the inflammation be great, absorption is less; if there be mortification there will be no absorption. It is essentially important when the endermic method is employed, to ascertain in what case blisters are or are not prejudicial; for instance in bad typhus fever, they cause extensive and deep ulcerations, and are covered with eschars; in edematous diseases they give rise to sores; this observation may be applied to all cathartic diseases. The time a blister is to be left on, also requires the consideration of the practitioner. Is the extent of the surface to be in proportion to the quantity of substance to be introduced? I think not, and my opinion is founded on my own personal experience, and that of others; more advantage is to be derived from the application of medicaments on a number of small surfaces, than from only one of large dimensions. Baglivi, Bailly, de Graves and other learned practitioners are of this opinion. Small blisters give a stimulus, and cause a derivation which may be useful, large blisters often weaken more than bleeding, particularly when they are applied to large surfaces until a considerable vesication is formed.

It is essential to be previously acquainted with the action of medicaments on denuded surfaces; this action is double; local in the first instance, then consecutive. This observation is applicable to various medicaments. Morphia, strychnine, quinine, musk, emetic tartar, and all caustics are known. Humanity and justice require that no medical man should prescribe medicaments unless he is aware of the effect they may produce; all experiments made at the expense of the health or life of a patient is a crime against humanity. The trial of a medicament, when all those that are known have failed, may certainly be permitted, as it is for the patient's benefit, but under these circumstances alone: then necessity makes a duty of a trial, which ought nevertheless to be guided by previous knowledge, and a reasonable theory and analogy.

Should there be any reasonable cause for fear, after the application of these medicaments, the exutory must be well cleansed immediately, and the denuded surface covered with a substance that will neutralize the effect of the medicament previously employed. Thus M. Lambert arrested the progress of a tetanus brought on by two grains of strychnine, by putting on the same surface two grains of acetate of morphia.

Endeavours have been made to ascertain which substances were most easily absorbed by friction, and which best maintained suppuration. M. Lambert thinks that strychnine and emetics are the best.

These preliminaries being laid down, the skin deprived of its epidermis, and the medicament put on the denuded surface, how does absorption take place? This is an important question, and its solution necessarily demands ample development.

On AUSCULTATION of the CHEST, considered as to the value of the diagnostic in the signs furnished by this method.

By M. LOUIS.

AUSCULTATION is the exploration of the different sounds produced in various parts of the body, either in a state of health or disease. I shall now only speak of auscultation of the respiratory apparatus, and first point out the precautions to be taken for auscultation to be successfully practised, so that correct opinions may be in full security formed as to its results.

In cases for auscultation the patient may lie down on the back or be seated, according to the part to be explored, whether the anterior or posterior part of the chest: there must be no inclination either to the right or left, the shoulders on a level, and the symmetrical muscles in the same state of relaxation or tension, according to the position of the patient. The state of contraction, tension, or relaxation of the muscles, has a striking influence on the results of auscultation; and in ausculting the comparative parts of the thorax *which should always be done, in order to obtain a decisive conclusion* as faith might be placed in differences which do not really exist but merely result from the bad position of the patient.

The practitioner should follow Laennec's advice, and take a comfortable position, and see that the dress does not intercept the respiring sounds, and that the patient does not wear anything that rustles, such as silk, for instance. He must also pay attention to which ear best catches the sounds, as experience proves that one may be more apt than the other. All these precautions may in the first instance appear trifling; but in order to avoid falling into gross errors they are indispensable.

Whatever Laennec may have said on the subject, it is now generally acknowledged that the naked ear does catch the sounds as clearly as when the stethoscope is used; and it often occurs, that

distinguishes shades that had escaped when the instrument was employed. Thus, cases in which mediate auscultation is preferable, are very scarce; it is often necessary to have recourse to immediate auscultation to ascertain precisely what could not be learned in any other way.

The physician and his patient being comfortably situated, there is another requisite, necessary to insure the success of auscultation. The naked ear must be applied exactly on the chest, and if the stethoscope be used, it should be applied to the thoracic parietes; so that were the thinness of the patient such as to cause a vacuum under the stethoscope, it should be remedied by putting bands on the chest.

Due attention once given to these preliminaries, auscultation requires but a certain degree of attention; and as no conclusion can be drawn as to the pathological state, without an acquaintance with the results to which it leads in its normal state, I must recal the latter in a succinct manner.

Normal respiration.—In a healthy subject there is heard during respiration a slight murmur, soft and expansive, which is more distinct towards the anterior and lateral parts, as well as the two inferior thirds of the posterior part of the thorax. Respiration may be compared to the sound produced by a pair of bellows in the space between the vertebral border of the scapula and the spine, on a level with the origin of the bronchi, more considerable to the right than to the left, as we have learned from the researches of M. Gérhard of Philadelphia, on the calibre of the bronchi, which account for this difference.

These phenomena only take place during inspiration; for when expiration begins, the respiratory murmur ceases to be heard, at least nearly so; excepting behind, in the superior third, where there is a sound similar to that of inspiration in the same parts, but still weaker. These sounds vary in intensity, according to the age, size of the individual, and the strength of respiration; but, in these different circumstances, the essential characteristics do not undergo any striking change.

Resonance of the voice.—When a healthy person speaks while auscultation is being performed, there is an echo, a general shuddering, the maximum of which is behind, and between the third medium and upper third; that is to say, in the same point where slight respiration is heard. These two effects are due to the same cause, and this slight bronchopony is stronger to the right than to the left, for the reason already given; so that when the difference is slight, and not accompanied by any remarkable modification in the respiration, the existence of a pathological state cannot be inferred.

Pathological state.—The modifications caused in the pathologic state by the different sounds I have described, are numerous and varied. Let us carefully examine their degree of importance relative to the diagnostic, and ascertain whether, if studied alone, they would serve to distinguish the different diseases of the chest. And

let us study the alteration of the respiratory sounds independent of the *rules* which generally attend them.

Modification of the respiratory sounds.—The most simple of these modifications is evidently the weakness of the respiratory sound; it is observed in emphysema, originating in the dilatation of the pulmonary vesicles. This weakness, generally proportioned to the duration of the disease, has its maximum anteriorly, and it is generally permanent where emphysema is most developed. If universal and considerable, there may be doubts as to its real cause, for the strength of the respiratory sound varies in its natural state. But if the weakness be confined to a single spot, and found to exist on one side of the thorax, or in different degrees in the analogous points, it is evidently pathological, and probably due to the greater or less dilatation of the pulmonary vesicles. It is true, that the diminution of the respiratory sound takes place in other diseases,—in pleurisy, phthisis, pulmonary catarrh; but in such a manner as to allow the practitioner to form a correct opinion as to the real cause.

For instance, in pleurisy, when the effusion is not very considerable, the respiratory sound is heard opposite the effusion, but much less than in the natural state, and it is on the opposite side, in the corresponding part. But this respiratory sound though weakened is deep, and as smooth as in the normal state. It is principally heard to proceed from the lower and back parts; while in emphysema the maximum of the weakness of the respiratory sound is anterior. This sound is superficial, it becomes dry and loses its primitive softness.

If in phthisis the respiratory murmur occurs in the early stages, it is found at the summit of the thorax, where the development of the tubercles commences.

When the weakness in question arises in pulmonary catarrh it is circumscribed, not permanent; and as it depends on the obstruction of the bronchi by a mucous more or less thick, it suffices to make the patient cough to remove the obstacle which prevented the free passage of the air, and thus restore all the intensity of the respiratory murmur.

1st. Thus the weakness of the respiratory sound well understood, may, independently of rule, percussion, and the inspection of the thorax, tend to the diagnosis of several affections of the lungs; if not certain, at least so as to admit of the strongest presumption in favour of the existence of such and such affections. In short, it is from the seat, continuance, degree of distance from the ear, of roughness or smoothness of the respiratory sound, that it derives all its value.

Thus in emphysema, the diminution is found on the same spot, has generally its maximum anteriorly, and is accompanied by a certain roughness, which does not exist in the natural state.

2nd. In pleurisy, it takes place backwards, and at the basis; the respiratory sound is deep and preserves its smoothness.

3rd. In phthisis, the weakness is in the upper region.

In pulmonary catarrh, its seat is variable and duration short. Analogous circumstance exists in these divers affections: a number of pulmonary vesicles do not receive the air, owing to the pressure felt in the three first cases, by the presence of the effusion in the last.

Alteration of respiratory sound.—The respiratory sound may fail entirely, and to a variable extent. When, for instance, a tumour occurs on the large bronchi, which occurs in aneurism, or when a fusion of air or fluid takes place, as in pneumo thorax, or in the cases of pleurisy.

In these two latter cases auscultation, independently of other means of exploration, cannot lead to the diagnosis of the affection producing respiration. It is not the same in the first case, if the respiratory sound is only wanting in the upper portion of the lung; the fusion of air and fluid not being limited to this part of the

lung. In the diminution and absence of respiratory sound, let us consider its morbid modifications.

Alteration of the respiratory sound.—The most remarkable strength is the *amphorique bourdonnement*. Amphoric respiration results from the penetration of the air in a vast cavity through a narrow aperture. Its existence must necessarily cause us to suspect, either a considerable excavation in the pulmonary tissue, arising from tuberculous matter, and then its seat is always at the apex; or else a cavity proceeding from limited gangrene, or from bronchic dilatation; in which case the seat varies. It is not only the precise seat of amphoric respiration which could not be a diagnostic, without an acquaintance with the other progressions of the course of the disease; for in all these cases the alteration of the respiratory sound is precisely the same. But physiological laws are so constant, that the knowledge of the nature of the lesion would alone suffice to consider the diagnostic as certain.

In a less degree the alteration in question takes the name of *tracheal respiration*; it is a sound analogous to that which strikes the ear when air is applied to the trachea. Bronchic respiration exists when the air passes through the bronchic tubes without reaching the pulmonary cells. In cases where the aerial tissue of the lung is destroyed, and draws near the solid tissues,

It is one of the most positive signs of the red and grey hepatization of the lung; alterations which constitute the second and third degree of pneumonia, nearly always backwards, and more the basis than the summit.

It also exists in pleurisy, but less forcibly and rather dull; when removed by effusion, a phenomenon which does not occur in any other affection.

In the dilatation of the bronchi it is remarkable by its persistence in the part corresponding to the alteration, whatever may be the nature of the disease.

4th. The tubercles having reached a certain degree, are shewn by the bronchic respiration under the clavicles, and in the upper and lower spinal cavities. It is most essential not to mistake natural respiration for a normal bronchic respiration, as there exists some degree of similarity between them: it requires great experience not to be misled in a number of cases where the symptoms alluded to are not strikingly characterized.

By carefully examining the corresponding parts on both sides we may find these distinctions; bearing always in mind, that in the normal state there exists a slight difference, and that always on the right side the respiration is stronger and drier, and consequently draws nearer to the bronchic respiration.

This exaggeration appears more striking when both sides are compared, and it is easy to understand that most serious consequences might ensue from not being thoroughly acquainted with all these circumstances.

In all affections where bronchic respiration is found, the organic alteration affords great similitude. The pulmonary tissue is condensed by inflammation in the pneumonia, and in *refoulement*, in pleurisy, round the dilated bronchi, it is more or less indurated; in the tubercles the pulmonary vesicles are replaced by the new productions.

An alteration of the respiratory sound, relating to bronchic respiration, is the prolonged and blowing expiration. To appreciate its value, we must bear in mind that the period of respiration, which in most individuals is unaccompanied by noise, may be heard with a slight murmur, without leaving its normal state, provided it be equal on both sides in the corresponding points. At the same time, that expiration is prolonged, the inspiration loses its softness, and becomes weaker and more rough.

The existence of this double phenomenon, under the clavicles, alone suffices to admit the presence of tubercles, and this characteristic is doubly precious, as it is generally met with before phthisis has made any great progress.

Between bronchic respiration and amphoric murmuring, there is an intermediate modification; it is the *cavernous* respiration, the name of which indicates the sort of corresponding lesion.

In order to produce cavernous respiration, there must exist in the lung, a pretty considerable excavation, communicating by one or more branches with the external air. Excavations of this description may originate in four different ways:—

1st. By the softening of the tubercles. In this case, cavernous respiration is found at the summit of the chest, and its seat suffices to make known the lesion to which it gives rise.

2nd. In the course of pneumonia, when abscesses are formed, which seldom occurs, cavernous respiration reveals their existence as soon as they are in communication with external air. It is then at the basis that this alteration of the respiratory sound is discernible.

3rd. The excavation may depend on partial gangrene, the slough

of which softens, and is discharged by one or more bronchi connected with the seat of the disease.

4th. Again, it may be the effect of a bronchic dilatation of some extent. In these two latter cases, the diagnostic is no longer enlightened by the existence of the seat of the disease, as gangrene and dilatation of the bronchi may be found in very different parts. Thus the cavernous respiration, which may serve to distinguish these lesions from those produced by the softening of the tubercles, no longer serves to distinguish them from each other. This fact forcibly shows the necessity, in studying the alterations of the respiratory sound, of paying marked attention to their situation; as when any particular part is affected, the modification of the respiration has an immense value, considered as a diagnostic, which it partly loses when the seat of the affection varies.

To these morbid modifications are associated other phenomena of auscultation, produced by the resonance of the voice.

Modifications of the resonance of the voice.

1st. *Bronchophony*.—The most striking of these modifications is, that which accompanies bronchic respiration, designated by the name of *bronchophony*. These two sounds are necessarily united, and when one is discovered, the other is sure to be found.

They are met with :—

1st. In pneumonia, in the first and second degree. In this case, bronchophony is constant, lasts some time, and varies in extent and intensity, according to the progress of the disease.

2nd. In the dilatation of the bronchi, it has not always in this affection the same strength, which depends more or less on the thickness of the indurated tissues round the dilated tubes.

3rd. In tuberculous patients, it is heard at the *summit*, and backwards in the sus and sub-spinal cavities, and under the clavicles. The observation we have made as to bronchic respiration, must be again brought forward. Thus, the more we advance the more we shall be convinced, that the signs furnished by auscultation derive their principal diagnostic value from their situation; the same symptoms being common to different affections, the seat of which is also different.

4th. In pleurisy, bronchophony is manifest at the interior and posterior part of the chest, which would not suffice to distinguish it from bronchophony produced by pneumonia, if another characteristic were not united to it, that is the possibility of its removal with the effused fluid, at least during a certain time; but this removal is not necessary to render the diagnostic certain, when bronchophony undergoes this particular modification, called *egophony*.

It may be admitted as a general rule, that egophony, variable in intensity, and often difficult to discover, is a pathognomic sign of pleuritic effusion, which should reach and not go beyond certain limits, the extent of which are not known.

The situation, in the lower part, and the easy removal which

accompany pleuritic symptoms, do not form a rule without exception; as a proof of which it is merely necessary to remember that Laennec saw a case of multiplied adherences, isolating several effusions, which formed so many partial pleurisies. It is evident that in similar cases the effusion may be found suspended at a height, and cannot be displaced.

Another difficulty occurs occasionally. In some patients the pleuritic pain is slight, the sound differs but little from that of the opposite side, the only modification consists in a slight diminution of the respiratory sound. In these cases is there effusion? If so there can be but a small quantity of fluid.

If there be no doubt as to the mode of production of bronchophony, whose arrival in the large bronchi is transmitted to the ear by a tissue completely solid; it is not so for egophony, the explanation of which is by no means easy.

Laennec attributed it chiefly to the bronchi being flattened by pressure of the fluid. Among the number of arguments brought by him against this theory, he has forgotten that, when the strong and thick adherences have taken the place of the liquid, these flattened parts should meet, and egophony be produced; but it is not so. In short, egophony bears the most striking resemblance to bronchophony, from which it only differs by a particular modification, the *chevrottement* bleating sound of the voice of the goat.

In a more marked degree, the resonance of sound is called *pectoriliquy*; phenomenon similar to that which would be produced if the patient were to speak in the ear of the physician. Its indispensable condition is the presence of a considerable cavity connected with the bronchi. It is to be found,

1st. In phthisis, when the caverns have acquired certain dimensions and are enveloped by an indurated tissue.

2nd. In gangrene, when the coats have acquired a good degree of thickness.

3rd. In abscesses of the lungs.

4th. In the dilatation of the bronchi when carried to a high degree.

The existence of *pectoriliquy* being ascertained, its seat must still serve as an indication, if not precise, at least probable, to determine the sort of alteration it has produced. If it takes place at the top there will be great probability in favor of tuberculous excavation; if in the lower part, a dilatation of the bronchi may be suspected. The seat for the two other alterations, which may give rise to *pectoriliquy*, is quite undetermined.

It may happen that *pectoriliquy* is not heard, notwithstanding the certain existence of a considerable excavation; it is when the communication of this cavity with the exterior has been interrupted by the pressure of the corresponding bronchi, or the obstruction of these canals by the matter issuing from these excavations. In this case auscultation loses the greatest part of its advantages.

The signs of auscultation we have successively studied are nothing but the morbid modifications of respiratory sounds. Let us now examine another series of phenomena not less important, and the origin of which is not in the normal state of respiration. In this series are comprised the rales, of which there are two sorts, the one dry, and the other catarrhal.

Dry rales.—Are divided into sibilant rale, and sonorous rale.

The sibilant rale is like a prolonged hiss, flat or sharp, dull or loud, and is found,

1st. Almost constantly in emphysema; sometimes in the whole extent of the chest; and may overpower the respiratory sound.

2nd. It is generally confined to the pulmonary catarrh, and successively invades different parts; which is not the case in emphysema.

3rd. In typhoid affections it is generally manifest in three-fifths of the cases, towards the eighth day, and in the whole extent of the chest.

Some practitioners have in this case considered it as symptom of inflammation of the bronchi; but the facility with which it is displaced does not admit of a similar supposition: it probably depends on the existence of a small quantity of liquid, which easily changes its situation.

The sonorous rale may be compared to the snoring of a person asleep, the friction of a bass string, or the cooing of a wood pigeon.

It is heard in the first stage of the pulmonary catarrh. Laennec attributes this rale, in most cases, to the contraction of considerable bronchi, caused by the pressure of an enlarged gland, or circumscribed spot of inflammation, and merely makes this statement without bringing forward any fact to support it.

Catarrhal rales.—More frequently than the former, they are of great importance, and may suffice, in a number of cases, to ascertain the diagnostic.

Mucous rale.—Laennec compares the sound of the mucous rale to the impressions we receive by blowing through a pipe into soapy water; and when it exists at once copious, large, and constant, it is sometimes so noisy as to resemble the sound of a drum.

1st. The mucous rale is one of the symptoms of pulmonary catarrh; it is then present on both sides, and descends gradually.

2nd. It is also found in phthisis, in excavations formed by softening the matter; it exists at the summit of the lungs, under the clavicles. It also exists in gangrene, dilatations of the bronchi, abscess of the lungs.

It is mostly circumscribed, confined to one side; alone it could not be a pathognomonic sign.

The rale crepitant has been justly compared to the crepitation of salts in a vessel exposed to a gentle heat, or to the sound of parchment rubbed between the fingers. It only exists in pneumonia, and is the pathognomonic sign of its first degree. It is dry, equal,

clear, and mostly unaccompanied by any respiratory sound. not frequent, there is no bronchic respiration.

Is it always to be met with? Laennec believes so; but it is a direct contradiction; for he says, in talking of this rale, that it is heard by the naked ear at a very short distance: and later, relating to pneumonia, he states, that a pneumonic kernel placed at the centre, if only the size of an almond, would be revealed to the ear by the rale crepitant. It is acknowledged that in this case the rale crepitant is not heard, which has been proved by M. M. C. and Andral.

A remark to be made on this rale is, its universal existence among certain individuals in full health at the precise time of inspiration; after which it disappears. In these cases is it due to the presence of a certain quantity of fluid in the pulmonary vessels, or rather to the unfolding of the walls? This supposition should be considered correct, if it be thought the sensation is similar to that which takes place in infants, when for the first time the air enters the lungs.

Can this rale be mistaken for sub-crepitant rale? Undoubtedly not; crepitant rale is clearer, drier, more equal; sub-crepitant is thicker, more damp, and the size of its bubbles very variable. The distinction is most important. Practitioners mistaking these rales, have thought there was pneumonia when there was only pulmonary catarrh; and they thought, by their therapeutic, to pass from the first to the second degree.

The rale sub-crepitant exists principally:—

1st. In acute, intense, pulmonary catarrh, its constant situation is in the upper and lower part of the chest, on both sides at once. It may be sometimes heard to the top, but always commences in the lower parts. It varies in catarrh in different periods, and at last overpowers the respiratory sound.

Laennec admits it in emphysema, and makes it the principal characteristic; but that is an error.

In this affection the rale is similar to that of the pulmonary catarrh; it has the same situation; that is, behind, in the lower parts, and on both sides, if dependent on emphysema. It is not at the front, where emphysema exists, that it should be found, which is never the case.

2nd. Laennec admits its existence in pulmonary edema. If serum in the cellular tissue of the lung should therefore pass through the bronchi, which is not the case.

3rd. If the rale sub-crepitant exists on one side, behind, or in the lower regions, it either indicates tubercles, or dilatation of the bronchi. This law admits of no exception; at least during the last five years, in five or six hundred simple pulmonary catarrhs subjected to our observation, the sub-crepitant rale has always existed on both sides at once.

4th. It is frequently heard in the upper part of the chest

it may be presumed that there are tubercles. We have lately tested the application of this law in a patient affected with chronic peritonitis, and in whom the rale sub-crepitant existed only in the superior part of the chest. This sign confirmed the opinion I had already formed on the tuberculous nature of this peritonitis.

I must also add, I never met with chronic peritonitis which was tuberculous.

Having concluded my observation on rales, I shall mention another sign in auscultation, the metallic tinkling, consisting in a dry sound, like that produced by striking a cup of metal, glass, &c., with a pin. It occurs in two cases:—

1st. In a vast tuberculous excavation.

2nd. In the perforation of the pleura.

The necessary condition to its development is therefore a pretty considerable cavity, containing a small quantity of fluid, with air-bubbles on the surface.

The explication given by Laennec, who compares it to the sound produced by the dropping of a fluid on the surface of the effusion, has lately been contradicted by M. Beau. This practitioner considers it to be caused by a bubble of air, which having passed through the fluid, bursts on the surface.

M. Beau founds this assertion on this fact; metallic tinkling never occurs when the communication with the external air is above the level of the liquid.

We shall not terminate these observations without examining a very important sign in auscultation, viz., *le bruit de frottement*. Great attention is necessary, not to be mistaken by a similar noise, which might either be caused by the dress of the patient, or by that of the medical attendant.

1st. Laennec has indicated this sound as the characteristic of lobular emphysema.

2nd. It is one of the earliest signs in pleurisy, but it is difficult to ascertain its existence, owing to the rapidity of the effusion. It is often met with at the termination of the affection, when the effusion is completely resorbed, and false membranes only remain.

3rd. In certain cases of pneumonia, when the cure is nearly complete, there is evidently crepitation, which coinciding with a certain degree of obscurity in the sound, might mislead, and induce the belief that *engouement* existed, which it is difficult to admit. Is it probable that this sound is due to the friction of the false membranes imperfectly organized. This interpretation would have some in its favor, in the anatomical character of the false membranes having often unequal surfaces. By coming in contact would they cause this crepitation? The reply to this question is not easy, but the fact appears probable.

ALUM, an efficacious remedy in BLENNORRHAGY.

By W. FRIEDRICH, of *Leipsig*.

For the last three years M. Friedrich has made use of alum in inflammatory period of blennorrhagy. He administers it in following proportions.

Alum, crud. ℥j., ℥ij.

Aq. distill. ℥vj.

Succ. liqu. ℥j.

A table spoonful to be taken three times a day.

In a few days the pain in making water, and the nocturnal emissions decrease, so that the inflammation seldom lasts more than eight or ten days. To the solution of alum is then added bals. copaivi ʒj. pulv. cubeb. ʒj.

In four or five days the discharge becomes less copious, and appears entirely. Should this effect not be produced, two spoon are taken twice a day; the dose is continued for a week, and may be either given once or twice a day, according to circumstances. Moderate diet, neither wine nor beer allowed. If the blennorrhoea does not present an inflammatory character the second formula may be immediately given, and the cure is then generally effected in a few days.

M. Friedrich has never found the least harm done to the testinal tube; but has sometimes observed a diminution in quantity of urine. Dr. Friedrich has the following prescription which he has found most useful in chronic blennorrhagy.

R. pulv. cubeb. ʒij., bals. copaiv., fabœ pechurim, ana ʒ. ʒ.

Pulv. det., ad. oll.

One or two tea spoonful to be taken three times a day.

On OIL of MUSTARD,

By Professor WOLF, of *Berlin*.

THIS oil is used in doses of twenty-four drops in an ounce alcohol, or five or six drops in a drachm of sweet oil of almond but the alcoholic solution is preferable. It is used for frictions else flannels are applied, imbibed with this liquid, according to state of the skin. Burning pain, redness of the skin, and peeling of the epiderm is the result. Friction, morning and evening, suffices for chronical affections without fever, or in slight feverish affections or in adynamic fevers. It has also been employed in sub-inflammatory affections, nervous apyretic affections, subacute rheu-

m, chronic rheumatism, diseases of the articulation, aponecrosis the muscles. This remedy acts as a blister, though unattended with the same discomforts. In neuralgia it has been found most useful, but should only be used when leeches have diminished the violence of the disease. It is useful in paralysis succeeding to chronic rheumatism. It has been successfully employed in swelling the articulation, and in false ankylosis resulting from rheumatism.

Oil of mustard has been given internally in mucous affections of the stomach, in doses of two drops in a gummy mixture of six ounces. This draught had a very bitter taste, but was followed by good results. It might be made use of in chronic dropsy, for it has been remarked that it gave activity to the secretion of urine.

On the best mode of administering SUBLIMATE in Pills.

By H. MARTENS, of *Leipsic*.

1836 Memer advised mixing sublimate, already dissolved in water, with powdered Spanish liquorice; in this manner the sublimate was less decomposed than in Hufeland's or Dzond's pills. But Simon proved not long since that the decoction of marsh-mallow, gum arabic, and sugar, decompose the sublimate less than the solution of Spanish liquorice. After several attempts the author found the following prescription the best in every respect:---

R. Merc. sublim. c., gr. iij.

Solv. in æther vitrioli ℥j.

Solutis add.

Rad. althææ pulv. ℥j.

Ter. usq. ad siccit; terendo admisce.

Sacch. albiss. pulv. 3s.

F. C. suff. quant. aq. distill. mass.

This prescription will certainly be found efficacious; yet we think it might be simplified by leaving out the gum and sugar, so as to allow as few decomposing substances as possible.

ORGANIC STRICTURES of the URETHRA.

By M. CIVIALE.

It is principally as concerns the therapeutic of strictures of the urethra, that light has been thrown on the subject, and the means of ascertaining how to avoid the danger that continually occurred, have at last been found. While guarding against serious accidents

the different studies lately made on this subject, have led to rational, more methodical treatment, which daily experience proved efficacious.

Thus, in substituting for slight strictures the temporary dilatation of short bougies, instead of the permanent dilatation by use of catheters, the treatment is of less duration, the cure certain, and lasting; the patient is less exposed to urethritic inflammation of the testicles, and to the general symptoms resulting from the catheter remaining in the canal; the treatment is easier and less painful. The patient is not subjected to a severe regimen; he may generally continue his usual avocations, and use the bougie from ten minutes to one hour a day. On the third or fourth introduction, an improvement is perceptible, and gradually increases till the cure is complete. It is merely necessary to wear a bandage, keep the bowels open, and avoid excess of every kind.

According to the former method, not less than six weeks or months confinement were requisite for a cure; it was also necessary to give up the usual mode of living; keep a regimen more or less severe, avoid occupation during the first weeks. The local and general effects originating in the continual presence of the catheter, and the abundant discharge caused such acute pain, that the patient was unable to bear it, sometimes withdrew the instrument.

The difference between the two methods is not less remarkable after the treatment. According to the new method, the elasticity and softness of the urethral coats are gradually restored during dilatation, and the urethra is restored to its normal condition, in which state it continues when the bougies are no longer used. According to the other method, when the catheter is withdrawn there is such a contraction, that the patient is some hours before he is able to void his urine, and then it comes away with great trouble.

There is nothing surprising in this phenomena; the urethra has been acted on as though it were inert, and as soon as the mechanical extension ceases, the vital contractibility regains its sway.

To this vital action, (which had not attracted sufficient attention,) and to the remaining urethral phlegmasia, may be attributed the recidivus so frequently occurring after permanent dilatation.

We must observe, that the most frequent cause of recidivus is the narrowness of the urethra at its external orifice, which prevents its coats being restored to the elasticity of their normal state.

There are cases in which the alterations of the walls of the urethra are so deeply affected, that there is but little chance of cure; even then, the modifications introduced in the new method are less important. It is true, that a cure is not always effected, at least the patient does not become worse, and is not exposed to the alarming disorders arising from the empiric method.

While violence and precipitation were resorted to, in order to overcome obstacles, by means of catheters, more or less con-

patients were subjected to ruptures, and having the urethra lacerated and the many other accidents produced by violence. But since gentleness has been substituted for violence, and a catheter, without the extremity rounded, has been used; obstacles have been overcome which appeared insurmountable.

One of the most important points in the history of organic structure of the urethra, and which, nevertheless, has not attracted general attention, is the difference of these strictures, according to the part of the canal in which they are situated. This difference appears to depend entirely on the structure of the wall of the urethral canal, which vary according to the parts in which they are examined, either at the gland, the spongy part, or what is termed the membranous or vascular part. Hence, the shape, thickness, &c. &c. of these structures, of which so much has been said, written, and on which there are so many various opinions. If we examine the coarctations of the external orifice, and of the spongy part, at each of these points, the alteration has special characters; and from these characters, the best mode of treatment may be ascertained. It is a due appreciation of these particulars, which contributes greatly to a cure, by enabling the practitioner to adapt to each species of coarction the necessary modifications, instead of treating all strictures in the same manner, without attending to their seat in the canal.

On WOUNDS of the TENDONS.

By J. T. MONDIERE, D.M.P., *Vienna*.

On the 25th of August, 1834, I was consulted by Guérin Etienne, aged thirty-eight, a working man, who, on the previous day, had quarrelled with his father-in-law; he received a cut across his left hand, from a sharp knife. The wound was nearly transversal, about two inches long, and reaching the tendons and ligaments of the extensor muscles of the three first fingers, which were sadly cut. Owing to this section, these three fingers were bent, and there was a separation of nearly an inch between the extremities and the tendons. I placed the front of the hand on a large wooden splinter, and thus extended the fingers as much as possible. This splinter was bound round at each end, and I was thus enabled to reach the divided tendons, and the borders of the wounds of the teguments. I kept them united with sticking plaster, over which I bound lint. The fore arm was fixed on the chest by a handkerchief; there was but little suppuration, and the union of the wound was speedy. In order to give more strength to the hand, I did not remove the dressing for nearly a month, although the cicatrization of the teguments was complete. When I removed the splinter, the fingers

were stiff, but they soon moved freely, and the patient very shortly had full use of his hand. I have seen him several times since, and there only remains a mark across the hand.

2nd CASE.—In December, 1835, a child, of six years old, while chopping wood with a hatchet, cut his hand, and separated the tendons and extensor muscles of the first and second fingers. When the child was brought to me, the fingers were bent, the edges of the wound separated, as well as the tendons, between the extremities of which there were nearly half an inch distance. I treated this little patient precisely as I did the former one. There was no suppuration, and in three weeks the cicatrization was perfect, and shortly afterwards the fingers moved quite freely.

It is certainly evident, from these two cases, which have the greatest analogy, that we thought it desirable to leave the bandages on a considerable time; wishing by these means to conciliate the cicatrization of the tendons, and prevent its breaking. This precaution, which was dictated to us by mere theory, in the first instance, afterwards became for us a practical rigorous precept, after witnessing Macher's experiments; by which we see, that if before the cicatrix of the tendons has acquired all the thickness of which it is susceptible, traction is made; it may be lengthened six or eight lines, which naturally causes stiffness in the execution of the motion of extension and flexion, according to the tendon cut. It is a remarkable fact, that if in making the traction, the cicatrix is broken, it is no longer possible to form the reunion, without reviving the edges of the solution of continuity before bringing them together.

The cases we have given, fully prove that it is desirable to keep on the bandage a much longer time than is generally supposed necessary.

On ERYSIPELAS.

By M. BLANDIN, *Hotel Dieu*.

THE causes of this affection are internal or external, and the anatomical nature of this disease is generally mistaken. The internal causes are very difficult to be understood; they act from the interior to the exterior, and probably consist in an alteration in the state of the atmosphere; and what is most remarkable, they determine the disease in a smaller or greater number of individuals.

The internal causes probably introduced in the economy by the lungs, determine an alteration of the fluids, which becoming irritable, deposit the miasmatic principle in that part of the body most liable to contract disease. The affection may thus break out on the most distant points of the body.

The external causes principally relate to sores or wounds.

Treatment—Antiphlogistic system.—Bleeding, either local or general, will be found inefficacious for erysipelas, proceeding from internal causes, as it cannot remove the causes; for erysipelas originating in external causes, local bleeding is very desirable; and we later on, shew in what circumstances they should be had recourse to. We shall now, merely remark, that as soon as erysipelas comes out, there should be no pressure on the sore; and plasters should particularly be avoided, lest they contain any irritable principle.

Tonics and Emetics.—Some authors having established *a priori*, that in erysipelas there was alteration of the fluids, have thought to bring them to their normal state, by the use of some internal medicaments. Thus Cullen, Desault, acting on this principle, have empirically administered quinine, purgatives, and emetics. This practice has never given very favourable results, and I cannot understand why medicine should be administered when there is nausea and vomiting, and that the medicine is likely to increase these accidents.

Blisters.—Dupuytren employed vomitives, purgatives, leeches, and recommended blisters on the inflamed surface to arrest the course of the disease in cases where plethora existed. This method I have seldom found successful, though I often tried it at Beaujon.

System of exputation.—This system may, perhaps, be very good for erysipelas originating in internal causes, but it is decidedly dangerous in cases of traumatic erysipelas.

Unctuous Substances.—This salve has the advantage of isolating the inflamed surface from the contact of the air; of strengthening the skin, and admitting of its spreading without causing intense pain. But this salve does not act on the cause, and, therefore, does not cure internally, but only externally; its qualities, therefore consist in alleviating the pain.

Mercurial Ointment.—M. Ricord advised mercurial ointment in erysipelas; M. Serres d'Usez employed it in strong doses. I believe it to be of very slight use, merely producing the same results as other ointments, excepting cases where it brings on salivation; consequently it will only have a palliative action on internal causes; as to internal causes, on eight patients to whom I prescribed it, four died.

System of Cauterization.—Cauterization round the limits of the erysipelas has been advised; but where are these limits? It is by no means easy to determine; sometimes when the evil is supposed to be arrested, lymphitis progresses. I have tried nitras argenti in vain. I have circumscribed the erysipelas on every side, leaving only an inch; and I have never found erysipelas escape on that side, but always pass under the circle.

M. Blandin's system.—I begin by attacking the inflammation of

the lymphitis by leeches on the lymphatic glands, in which the inflamed vessels meet; success depends entirely on this point. These indications are only applicable to erysipelas produced by external causes; because the leeches cannot remove the internal cause, which had altered the fluids in the other species of erysipelas.

DROPSY of the WOMB, cured by Ergot of Rye.

By M. G. FANTONETTI.

CASE. —A young lady, of twenty, fell forwards, going down a hill; the hypogastrium struck against a stone; she felt great pain, but was able to return home alone, on foot. The pain continued several days, and gradually went off. A week afterwards the menses appeared not so abundantly as usual; the following month they decreased still more, and did not afterwards appear.

From this time the abdomen increased as in pregnancy; five months afterwards, a medical man was consulted, who found a uterine tumour, without being able to determine its nature. Pregnancy could not even be suspected, owing to the morals and mode of life of the patient, besides the state of the breasts, and the total absence of other signs of pregnancy, put it out of the question. Several practitioners were called in, various remedies prescribed; frictions were also recommended.

Some time afterwards, M. Fantonetti was consulted. He found the patient very thin; the abdomen extended as in far advanced pregnancy; constipation, dyspnea, hypogastric tumour formed by the womb itself; no sensation of functional noise proceeded from auscultation of the tumour. Want of appetite, dryness of the skin, thirst, pains in the loins, edema in the lower extremities, fluctuation in the tumour. The disease had lasted eleven months.

These symptoms led M. Fantonetti to suspect dropsy of the uterus; he prescribed half a drachm of powdered ergot of rye, to be taken four times a day; it produced no favourable change. The following day, he ordered two scruples of the same substance to be taken every four hours. After the third dose, the uterine pains came on, and increased progressively with the succeeding doses. An hour after the last dose was taken, the patient discharged a considerable quantity of brown fluid, albuminous, fetid; the abdomen decreased suddenly; the discharge continued several days; it became less fetid and dark, and by degrees all the functions were restored to their normal state. The patient was cured, though a white discharge existed for some time. A year afterwards this lady was married, became in the family way, and was happily confined.

M. Fantonetti carefully examined the discharge, in order to as-

certain whether there was not an organized body; he thought it was merely simple dropsy of the uterine cavity, caused by congestion.

Practical observations on CONVULSIONS in CHILDREN.

By J. BRACHET.

We are decidedly of opinion that the chief causes of convulsions are hereditary, and we think the following case will prove this to be a fact.

A lady, who was very nervous, had three children, who all died of convulsions, shortly after they were born. She was confined, for the fourth time, in April, 1821. The infant did not breathe for nearly a quarter of an hour after its birth; it was restored to life by the accoucheur. Soon afterwards it was seized with convulsions, and the child had ten attacks before I was called in. I prescribed two leeches on the thighs, fomented sinapisms on the lower extremities, soothing poultices on the abdomen, and a draught, with ten grains of calomel.

During the next four and twenty hours, the infant seemed relieved, but the convulsions soon returned. A blister was applied to the internal part of each leg. Two days passed without any fits, but the child grew very weak; the pulse was very low and irregular, and all seemed to threaten a speedy dissolution, when I prescribed.

Extracti hyosciam. nigr. gr. x.

Oxid. zinci. gr. vj.

Sarchar. gr. xx.

Calomelas gr. xii.

Pulv. digitalis gr. iv.

To be given in six doses.

The first powders to be taken every half hour; the second every two hours.

One of the first powders was immediately mixed in a small tea-spoonful of linden tea, and the infant swallowed it; five minutes afterwards a similar dose. Respiration soon became more regular; the eyes were opened, and the pulse improved; a third dose appeared to restore the child to life. The powders were continued, and in two hours the little patient was able to take the breast. From this time it has been free from convulsions.

Zinc and hyosciam seem to be the most energetic spasmodic for children; nevertheless, we merely consider this medicament as soothing, and suited to cure convulsions, but not remove the cause. In convulsions I consider as hereditary, and cannot doubt, that not only the nervous mobility of the parents, but the accidents that

happen during pregnancy may fatally influence the development of convulsions in children, either at their birth or a later period.

Violence or melancholy are frequent causes of convulsions, of which the following case is a striking example:—

A lady had twin daughters, who were much attached to each other. They were nearly five years old; one of them was punished before her playmates, which made her fall into so violent a passion, that she went into convulsions. She remained in this state three hours; her sister was present, and stared at her, but seemed scarcely aware of what was going on, when suddenly throwing herself in her mother's arms, she had a fearful attack of convulsions.

The same cause acted in the same manner in nearly similar circumstances:—

A little girl went out to play with some other children, without her mother's leave, the child was severely scolded, and threatened with punishment. The child was so frightened, that as soon as she reached home, she fell into a violent fit of convulsions; her eyes rolled in their orbits; the pupils were dilated, and the muscles of the face were contracted; the whole body was in a dreadfully agitated state. The poor girl could neither speak nor swallow; the capillary system of the face was injected; the pulse excessively high, and concentrated. Some old women advised the child to be stripped, and laid on a marble table, which had merely the effect of giving her cold. I was called in, and had the child put into a warm bath, and she gradually recovered; she at last swallowed a few drops of antispasmodic mixture; the general agitation ceased. The young patient was taken out of the bath, and put into a warm bed. She started occasionally; her body was in a state of agitation during the whole day; her features were drawn from one side to the other. Finally, the patient went to sleep, and the muscles of the face became calm.

It is difficult to account for convulsions, they may be sometimes attributed to the most trifling occurrences.

A lady was nursing her infant, who was six months old, and in strong health; this child had never had the slightest indisposition; when, while playing in its mother's arms, it was suddenly seized with convulsions. A draught was speedily brought from the adjoining apothecary's, the little patient was well rubbed, wrapped in warm cloths; but the convulsions increased; in the course of an hour and a half the respiration was short; the convulsions became more violent; the child stretched itself out, became stiff, and did not move again.

I arrived too late; the child was dead. I considered these convulsions had been brought on by laughing; the circulation of the blood having been accelerated, caused a flow of it to the head, which, on a post mortem examination, proved to be the case. I think the child was

improperly treated, and that bleeding was necessary ; the utility of this measure may be judged of by the following case :—

A child, of six months old, while playing with its nurse, was suddenly seized with convulsions, I was immediately sent for ; I applied two leeches to the temples, and covered the legs with mustard.

The child soon grew better, took the breast, and a soothing draught ; some convulsive moments came on occasionally, and six hours later, fresh symptoms of effusion ; which induced me to advise leeches on the neck ; when they came off, the child went to sleep, and the convulsions did not occur again.

Hereditary dispositions, melancholy, passion, fright, are not the sole causes of convulsions, or of excitation of the brain ; it may be effected by a fall, or insolation, or any other cause which may induce meningitis ; in short whatever, either directly or indirectly, favors irritation of encephalus ; for convulsions are symptoms. Delirium, coma, cephalalgia, are produced by the reaction of the diseased brain on the muscular system.

When convulsions are sudden and violent, and produced by slight or unknown causes, repose generally suffices to restore the patient. But as it must ever be remembered, that there are no convulsions without previous irritation of the brain, it would not be prudent to leave every thing to nature ; we must, therefore, endeavour to remove the irritation of the brain. Antispasmodics should be administered, and act on the lower limbs, by sinapisms, placing the feet in warm water, and removing the child from every thing to which it may be averse.

When the violence of the convulsions shews the irritable state of the brain, soothing draughts should be administered internally, and revulsions externally. Oxyde of zinc, and extract of hyosciam, ether, ammonia, and Fuller's anti-epileptic, produce a favourable change. If the convulsions last, and there is want of sleep, the association of narcotics and antispasmodics, will be found beneficial ; pure morphia, or the acetate, or hydrochlorate of morphia, may be given. But whenever the narcotic draught is taken, the strictest attention should be given to the effect produced on the encephalus. The remedy would be worse than the evil, if, instead of calm repose, narcotism and cerebral congestion were to ensue.

If the convulsions still persist, or there be reason to fear narcotics, purgatives may be given, so as to operate on the gastrointestinal mucous membrane, a salutary revulsion. Whatever purgative be employed, its effort must be carefully watched, lest the intestinal irritation should add to the disease, without removing the cerebral irritation. Calomel, properly prepared, is a good opening medicine if its purgative action be not sufficiently strong, a small quantity of gum gutta, jalap or aloes, may be added ; or any mild purgative will be found beneficial.

On the treatment of VENEREAL DISEASES, by the immediate application of deuto chloride of dissolved Mercury, on the tissue primitively or consecutively affected. By A. F. MALAPERT.

BEING convinced of the impossibility of curing venereal diseases without mercury, and aware that given internally, or by friction, the most serious consequences were likely to ensue, I endeavoured to find a mode of application, which depriving this medicament of its deleterious properties, would nevertheless effect a cure. This treatment consists in applying the remedy directly on the diseased part whatever may be its nature, and when the surface is not absorbed to have recourse to vesication.

M. Cullerier perfectly understood my system, when after treating syphilitic buboes by my method, applied the treatment to gummatous tumours, and found it succeed.

This enlightened and conscientious practitioner, as well as M. Ricord, has employed blisters for exostoses, and periostes; and the improvement in his patients has always been very great. I also strongly recommend in similar cases the solution of sublimate to be put in contact with the raw parts, the result will be doubly efficacious to that resulting from the employment of the preliminary part of the proceeding I have indicated.

Neither M. M. Cullerier or Ricord consider mercury as a specific for venereal disease; on this subject we differ. I am persuaded that hitherto it has been the most powerful remedy we have to oppose to this affection.

Whether the mercurial solution acts as a specific, or by chemical combination, or as a local stimulus, it is of little consequence provided the result be good. M. Cullerier in employing sulfate of copper, and M. Ricord in applying powder and tincture of cantharides, have obtained results analogous to those produced by mercury: but they however admit that the latter has a superior degree of energy and efficacy.

The deuto chloride of mercury has above all other caustics the advantage of not prematurely bringing on the cicatrization of the sore; and destroying the virus by chemical combination its continued action maintains a reactive movement, which draws to the exterior, the portions of the virus already absorbed.

I am quite convinced this virus should be destroyed as soon as possible after the infection, and my method of treatment originated in this opinion. But until patients feel the same horror at the venereal disease as they do at the bite of a mad dog or sting of a serpent, and hasten to call medical assistance, the means of transforming a venereal to a simple sore, and causing the retrocession of the inhaled virus, must be considered indispensable.

M. Ricord observed that blisters restored thickness to the skin,

and that powder of cantharides, employed in cases of spontaneous or artificial opening of adenites favoured granulations.

The fluxionary and eleminating movement in the bubo, till completely disgorged, is kept up by daily applying to the primitive blister, solutions of sublimate, which gives to the partly disorganized skin, the necessary degree of vitality, so that it may regenerate and thicken, and induce granulations. In my opinion pathologic facts have always sufficed to prove the existence of the venereal virus, but there have been unbelievers. M. M. Ricord and Delmaz had recourse to inoculation to bring conviction to their minds, and I much doubt whether there would be now an individual found to accept the challenge and submit to be inoculated with virus.

By the former antisyphilitic method, that is by general treatment, time was left for the virus to infect the whole economy; by the anti-phlogistic method, in merely combating the symptomatic inflammation, the cause of the evil still existed, which soon reappeared where it first broke out, or else in some other part of the body. By the mode of treatment I propose, the principle of the evil is attacked, and reaction is caused in the diseased part, which drives out the portion of virus which is not neutralized. The utility of mercury once understood, the mode of treatment which preserves to this medicament all its advantages, must surely be preferable to any other.

PRIMITIVE VENEREAL SYMPTOMS.

Doses to be employed, to an ounce of distilled Water.

	Deuto Chloride of Mercury.	Gummy extract of Opium.
Ulcers	Grains viij.	Grains iv.
Buboes--Blister the central and lower part; when the blister is taken off, a small portion of lint to be applied imbibed with a solution	xx.	vi.
Blennorrhagy	ij.	ij.
Balanites—(Lotions or local baths)	iv.	vi.
Blennorrhagic Ophthalmia—Lotions and injections on the lateral and inferior globe, avoiding the cornea;		
at first	i.	ij.
Later	ij.	iv.

General observations—On Chancre. The deuto chloride of mercury should be applied to the affected part with a small brush, once in four and twenty hours. If the irritation be too great, the application must be suspended for a day or two, but renewed as a favorable opportunity occurs. When after the inflammatory period, the ulcer assumes a rosy tint, two applications a day may be made, sublimate though an irritable caustic seems to lose its properties when brought into contact with venereal symptoms. Its solution when applied on an inflamed surface, deadens the inflam-

mation, and induces cicatrization. This phenomenon probably results from the sublimate being employed in the saturation of the virus which was the principal cause of the ulceration, which may also account for the non appearance of buboes after chancres treated in this manner, and that none assumes a phagedenic character, or if this state exist it speedily disappears; that the ulcers do not reach the adjoining tissue as in other modes of treatment. The success is so undoubted that on examination, we can indicate within two or three days when the cure will be effected. The cicatrization is perfect and generally ceases to be apparent in a few months. Immediately after the application, the gland is covered with the prepuce, without introducing lint or any other foreign body, and in the course of the day, two or three cool soothing baths are recommended for the affected part. In order to prove the great power of sublimate in producing granulations, I could relate the case of an officer whose gland had been partly destroyed by a phagedenic ulcer when he applied to us.

When cured, the organ had recovered its natural shape. I am not acquainted with any more simple or efficacious mode of treatment, removing at the same time all traces of disease, permitting the patient to live and act as he pleased. Military men while under this treatment, have been enabled to follow their usual mode of living without any prejudicial consequences resulting from it.

Buboes.—A blister as large as a shilling gives a surface, sufficient for the sublimate to extend its action to all parts of the tumour, and induce a discharge. Having observed that the discharge came quicker from the upper part of the bubo when the blister was placed on its centre, I applied it to the lower third. The first application of the solution should remain two hours on the indolent buboes, and an hour and a half only on the acute buboes, fixing the duration in an inverse ratio to the degree of inflammation. If the eschar be not formed, the next day the application is renewed, the tumour to be covered with a light poultice which decreases the intensity of the pain, without depriving the caustic of its properties: during the remaining four and twenty hours, the plasters should be suitably renewed, and each time the epiderm to be covered with a thin layer of lint. The blister must be kept open, until the buboe be perfectly cured, and the applications of solution of sublimate will be continued every four and twenty hours, unless the irritation be too great; in which case it will be advisable merely to touch the sore with the sublimate instead of leaving it on for an hour or two, and a solution of eight, ten, fifteen, or twenty to an ounce will suffice, according to the degree of reaction to be induced.

Some very clever men have sought to modify this method by only making one mercurial application, but the blister has thus been prematurely closed, and it has been necessary to put on fresh ones. When the discharge of the buboe is not sufficiently prompt, we must not hesitate returning to the lint steeped in the solution of

twenty grains, for an hour or two, particularly if the surface is not sufficiently raw. This dose of deuto-chloride put in contact with the epiderm in the midst of the treatment, no longer causes an eschar as in the beginning of the treatment; it stimulates the surface most powerfully, and solicits a discharge from the deep parts.

When the buboes are in a more advanced state, and the skin is very thin, the solution of twelve or fifteen grains per ounce is preferable, to be renewed if requisite, as the eschar is less deep, and it is essential not to open the focus by destroying the thickness of the tegumentary envelop. The skin should be brought to a state to admit the sanæous transudation to escape, owing to the reaction caused by the mercurial absorption. The poultices should be applied to the tumour without any linen, they must be cool, and continued without interruption during the whole of the treatment. As they are not changed during the night, when there is too much warmth, some patients are awakened by the pain. It is then merely necessary to take off the poultice, and when exposed to the air it becomes cool, and it is then put on again. This relates principally to inflammatory buboe, those of an indolent nature can support more heat.

By this mode of treatment the numerous accidents that so frequently prolong adenites to an indefinite period; such as salivation and its cruel results, the disorganization of the skin, the turning in or out of the edges of the wound, fistulas, gnawing ulcers, (following the bites of leeches, or the incision of the tumour) which sometimes invade a large portion of teguments of the abdomen. These are avoided and a small round cicatrix is formed on the surface of the skin, and it is scarcely apparent when the primitive redness is gone.

It has been recently said, that when applied locally, the solution of deuto chloride of mercury was not absorbed. This I willingly admit, if it be only meant a solution sufficiently concentrated to draw up the tissues, and destroy them by cauterization. But with smaller doses successively applied there is absorption. The admirable experiments made by M. Majendie on the permeability of the tissues, tend to confirm this opinion.

Blennorrhagy.—After having freed the urethra from matter by ejecting the urine, the injection is given, and endeavours are made to retain it in the canal by closing the orifice with the finger; and the injections are immediately renewed three or four times, these injections should be made every twenty-four hours, sometimes it is necessary to have an interval of two or three days; if the inflammation be great.

Some cases of blennorrhagy thus treated have been very successful, two or three have been obstinate, which also happens when other means are employed for this capricious affection. But we have been fortunate in curing a great number of chronic uretrites of two or three years standing. As it often happens that persistence in these affections may be attributed to the existence of an ulcera-

tion, or an ulcer in the urethra, injections with deuto chloride of mercury, which determines cicatrization, have the advantage of indicating at once the state of the canal, for pain only exists when there is ulcer, ulceration, or simple erosion, its degree of indensities denotes which of the three; and the absence of all pain or itching after the injection is a certain sign that the mucous membrane is intact in this respect. This pain is proportionate to the depth and extent of the ulcer, diminishes gradually as the ulcer cicatrizes, and ceases entirely when the cure is complete; but it is well to continue the injections sometime longer. There is no fear of their inducing strictures of the urethra, this will be easily understood by remarking the mode of action of the solution of sublimate on tissues attacked with syphilitic symptoms. It neutralizes the irritative principle and induces a discharge which restores the tissues to their normal state. Such is the effect constantly produced on ulcers, buboes, periostoses and exostoses. If there be swelling it is only momentary, and always followed by a proportionate discharge.

An officer anxious for an immediate cure, made a great number of injections; swelling ensued, and great difficulty in the emission of urine. He came to us in great alarm, suspecting a stricture of the urethra. A few baths and cooling beverage sufficed to remove his fears on the subject. I then again recommended only one injection per day, my advice was followed, and the patient was cured of a chronic disease which had lasted three years, and complicated by constant pain in the perineum.

CONSECUTIVE VENEREAL SYMPTOMS.

Doses to be employed, to an ounce of distilled Water.

	Deuto chloride of Mercury.	Gummy extract of Opium.
	Grains.	Grains.
Ulcers of the skin, at first	iv.	ijj.
later on	iii.	vi.
Ulcers of the mucous membrane of the nose, mouth, and throat	vij.	iv.
Excrescences	xxv.	x.
Swellings and indurations of the amygdalis	ijj.	iv.
Gradually increased to	vi.	iv.
Syphilis on the face or elsewhere	vij.	iv.
— Tuberculous	xij.	iv.
— Pustulous	vij.	iv.
Increase, according to seat and volume to	xx.	vi.
Syphilitic exzema of scrotum and thighs	vij.	iv.

	Grains.	Grains.
Increase as the inflammation diminishes to	xx.	vij.
Exostoses and periostoses—Blister suited to the extent and shape of the tumour, only including the central half of the surface, on the raw epiderm apply lint imbibed with a solution of	xx.	vj,

General observations.—As for primitive symptoms, a single application generally suffices. Two are made on the excrescences when there is not too great a degree of inflammation.

Ulcers on the skin which are sometimes greatly extended, are dressed after the application with dry lint, covered with an ivy leaf, and then bandaged.

When the ulcerations are very extensive, the lotion should be put on with a fine sponge; and on voluminous pustulas old linen nicely folded and imbibed with the solution once a day, should be applied and kept on.

For exostoses and periostoses, after the eschar comes off, unless there be a contra indication, the denuded surface should be put in contact with the sublimate, either with a small brush or else with lint imbibed with a solution of twenty grains or smaller doses, according to the power of action required. The poultices should be continued during the whole of the treatment for the buboe.

To complete the antisyphilitic treatment, we should wish the patients to be kept in a warm atmosphere, and that they should frequently have warm baths.

This mode of treatment is accompanied by great economy, and is therefore most valuable for large establishments.

Of the importance of the SOUNDS of the HEART in the Physiologic and Pathologic State.

BY PROFESSOR ROSTAN.

M. ROSTAN lays down as a principle, that the arterial diastole, the motion of the pulse, almost invariably takes place, after the ventricular systole. This point being stated, he draws the following conclusion.

1st. If the anormal sound be manifested as a coincidental phenomenon with the arterial diastole, it may be attributed to an obstacle bearing on the ventriculo arterial orifice, or to an insufficiency bearing on the ventro auricular orifice.

2nd. If the anormal sound alternates strikingly with the arterial diastole, it arises from stricture at the orifice of the ventricular auricle;

or from insufficient action of the sigmoid valves. Then referring to the diagnostic means which have been exposed by a number of authors, and latterly by M. Litré according as the anormal sound is more or less prolonged towards the right or left, M. Rostan ascribes it to a lesion of the venous or arterial heart. Another difficulty remains, it relates to the diagnostic between the stricture of the ventricular and arterial orifice, and the auricular ventricular insufficiency between the stricture at the auriculo-ventricular orifice and the insufficiency of the sigmoid valves. M. Rostan is not of the same opinion as those practitioners, who consider the inequality and intermittance of the pulse, as a proof of insufficiency at the auricular ventricular orifice: he thinks this circumstance may often take place in cases of stricture at the ventricular arterial orifice, and founds his opinion on the numerous facts to which he has been witness while physician at the Salpêtrière, which is certainly good authority. M. Rostan also thinks that if in these cases, a distinction may be made between stricture and insufficiency, it is rather by a series of accessory and numerous phenomena, varying in each particular fact, than by any given rule laid down *à priori* as it has been endeavoured lately to establish.

This sketch must prove that it is important to collect facts, and that it is difficult in the present state of science, to form a definitive judgment, on the nature and seat of lesions, which strike the central organs of circulation.

The following cases are in this respect worthy of the attention of pathologists.

An ostler, 29 years of age, of robust constitution and muscular sanguine temperament, and good stature, with an animated countenance, an expressive physiognomy, ruddy complexion, and general good health, had three years ago an attack of fever which confined him to his bed for seven weeks. By the patient's own account, the fever came on every day at the same hour, preceded by shivering and followed by perspiration; however this may be, the patient who never paid much attention to his sufferings, was restored to health; and returned to his usual occupations. He asserts that during his illness he had no articular pains, which shews that the affection was not rheumatic.

He continued his daily work: but observed when lying down, a slight thrilling sound proceeding from the left lateral side of the neck, and was prolonged till it reached the head; he attached no importance to this fact, continued his usual occupations, and only remarked a slight oppression in the respiration which came on occasionally.

This man was an ostler, and having been often employed bleeding horses, he had been kicked several times near the region of the heart. He once received a violent kick on the precordial region, no serious consequences attended this accident, immediately; he continued his occupation. During the next month, he found

the difficulty in breathing, a dry cough came on, free from pain, and no expectoration. The dyspnea increased daily, the cough more frequent, and pain in the lower region of the chest. The patient was unable to continue his employment, and went to the hospital. His face was red and swelled, his lips thick, his eyes injected and prominent. The patient was sitting up in bed and seemed in a state of great uneasiness.

The pulse was quick and regular, the heart beat strongly, the point of impulse was raised by a strong impulsion, and the precordial region was prominent. Percussion near the heart, denoted a thickness of three inches in extent, from top to bottom, and four inches transversally. Auscultation proved the sounds to be deep, and extensive. When the stethoscope was applied near the lower region of the heart there was a murmur of humming noise which overpowered the respiratory sound, and the noise extended towards the left lateral wall of the chest, and as far as the middle of the sub spinous cavity, of the scapula. It commenced rather beyond the arterial diastole, and nearly coincided with the impulsion at the precordial region before the development of the noise. Its nature, its extent, and intensity attracted particular attention, respiration was frequent, difficult, interrupted by sudden fits of cough, frothy expectoration, slight pain, or rather a sensation of tightness towards the sternum at the lower region of the chest; later on, this pain was felt by intervals, at the left lateral wall of the chest, without however being fixed. On percussion the sound was found equal on both sides of the chest, auscultation indicated the absence of respiratory sounds; in various regions, and the existence of *sifflement* and *ronflement* at the time of expiration. These symptoms were considered as denoting the existence of slight pulmonary effusion, or perhaps of emphysema of the lungs, attendant on the affection of the central organs of circulation.

The tongue seemed large, the pupils not developed, thirst moderate, appetite less than usual, slight pain near the epigastric region, no nausea, vomiting, nor any other disorder in the digestive functions.

The heat of the skin was moderate, cutaneous perspiration slight; there was no serous effusion in the sub-cutaneous cellular tissue of the pelvic limbs; and the discharge of urine quite natural.

The patient complained of cephalalgia in the suborbitary region, which was increased by coughing; the intellect was unimpaired; the slightest movement brought on intense dyspnea. The patient could not walk quickly nor go up stairs, nor move the arms without suffering from shortness of breath.

The nutritive functions had not been much affected.

The different circumstances we have related gave rise to the following diagnostic; considerable hypertrophy of the left ventricle of the heart, an obstacle to free circulation at one of the orifices of the heart, consecutive, pulmonary effusion, slight cerebral hyperemia, consecutive.

It was essential to determine the seat and nature of the alteration, particularly towards the orifice of the left heart. This question gave rise to an analysis of the semeiologic reasons laid down by authors, and shewed, that they are far from bringing on results as satisfactory as in the first instance we may be led to suspect.

However this may be, the patient was bled four times the first day after his admission to the hospital. Previous to his entrance there, he had been bled in the arm, and this loss of blood had relieved him.

Repose, good food, general bleeding, have improved the state of this patient. Respiration is natural; no cough, no expectoration, no cephalalgia, and walking no longer brings on dyspnea.

The noise near the heart still continues, and has scarcely undergone any modification since the commencement of the treatment; a fact worthy of attention.

ANALYSIS OF BOOKS.

A TREATISE on the DISEASES of the EYE, and ITS APPENDAGES. By RICHARD MIDDLEMORE, M.R.C.S. Surgeon to the Birmingham Eye Infirmary, &c.

It is the duty of a reviewer to be painful, when obliged to express an unfavourable opinion of a work, the task is of a very different nature when it falls on the production of a conscientious and learned author, who has sought to aid the progress of science by his own laborious researches. We admit only of two reasons for bringing a book before the public.

1st. To correct past or present errors, and place scientific subjects in such a clear point of view, as to preclude for others the trouble of making researches.

2nd. To give publicity to any new discovery.

We allow, however, that it is a meritorious task, even to write a work on what others have already made known, provided the subject be more properly and more clearly explained.

Mr. Middlemore's work, on the diseases of the eye, has all the merit to be desired; he has inserted all the most probatory facts appertaining to the ophthalmic department. The author places them in a proper and lucid order; and each chapter is elucidated by his own researches, experiments, or discoveries.

The work is divided in twenty-three chapters or lectures; the author treats first of the acute and chronic inflammatory disease of the conjunctiva, and of the subconjunctival cellular membrane. In one of the chapters of this division, we find a section on pterygium

worthy the attention of the ophthalmophile. The author in the beginning, distinguishes himself from others, by the following definition.

Pterygium is a morbid growth or deposition of a triangular figure, generally commencing at the inner canthus of the eye, at that part of the conjunctiva immediately around the semilunar fold and lachrymal and caruncles, its point or smaller extremity being situated towards or upon the cornea, and its base directed towards the periphery of the eyeball.

Mr. Middlemore has treated that subject in a masterly way; he establishes the nature of the disease; points out the errors of authors, indicates their treatment, and gives his own view of the subject, and terminates by his own operations.

Among the chapters on the diseases of the cornea, we must specially notice his views on staphiloma and the principles on which the operation he recommends effects a cure.

The whole of the lectures, and diseases of the eye, are perfectly treated.

The section on the dislocation of the lens presents new views, and the section cataract, is the most complete account of the treatment of the diseases of the lens.

We are happy to find in the treatment of amaurosis a new example of the advantages to be derived from the endermic method, by the application of strychnine, and we are too much engaged in promoting this method of introducing medicaments under the skin to fail quoting Mr. Middlemore in this circumstance.

“Very recently a new remedy for amaurosis has been found in strychnia, and is certainly a powerful addition to our means of combating this wretched malady. The use of this valuable remedy should, however, be limited to the class of amaurotic affections now under consideration—to those in which the retina is in a state of atony from some cause acting *directly* upon its texture, or upon its texture through the medium of the general debility of the system; at all events it should not be used whenever there is much vascular fulness either of the system or the retina, or a tendency to inflammation, and its effects should always be most carefully watched. An atonic state of the retina or of some part of the nervous apparatus of the eye productive of amaurosis, when unconnected with a full plethoric habit of body, determination of blood to the head, or any tendency to apoplexy, and unconnected also with any structural change either in the retina or its immediate nervous relations, is very properly treated by means of strychnia in a manner to be presently explained, and particularly if tonics and general stimulants have been successfully employed. The bowels must be freely opened before we commence the use of strychnia, and aperient medicine must be occasionally administered during its employment.

Mode of using the strychnia.—Place a narrow blister above the eye-brow of the affected eye, or above the eye-brow on each side if both organs are affected, and after it has risen properly, snip away the elevated cuticle and completely expose the raw surface, and having absorbed the serum, sprinkle a small quantity of strychnia upon its surface, commencing with

the fourth of a grain upon each side, this quantity may be gradually increased, if vision be not improved, until two grains are placed upon the blistered surface every twenty-four hours. After the strychnia has been dusted or sprinkled upon the blistered surface, a small quantity of linen thinly spread with savine cerate should be placed over it, with a view of preventing the frequent necessity of repeating the application of the blisters.

I deem it prudent to use the strychnia only once in twenty-four hours, which gives a sufficient time for its absorption, and at the same time maintains—constantly maintains—its full effect; and I conceive it to be advantageous to place the blisters above the eye-brow, on account of the probable special effect of the strychnia upon the supra-orbitary nerve, in addition to its other more general influence. Of course, if any symptoms occur during its use indicating that it is either injurious, or that it is being used in too large a quantity, it would be desirable either to omit it altogether, or diminish the quantity, or at all events to suspend its use for a time. Sometimes its application excites great local uneasiness, which is, for the most part, easily remedied by mixing it with a small quantity of flour or adding it to a little of the powdered opium. I do not enter upon the symptoms which indicate that it is being used in too large a quantity, because they are precisely the same as those resulting from the administration of extreme doses of the same remedy for the cure of various other maladies. Now, if vision were slightly improved soon after we had begun to apply the strychnia, and if the patient had occasional flashes of light fitting before the eye, there would be the greatest encouragement to persevere; but if after having increased the quantity for the space of a fortnight, and pushed the remedy as far as could be done in justice to the patient's safety, vision was in no way influenced, not in the slightest degree improved, it would be useless and improper to persevere in its use any longer."

The use of strychnia appears to be well adapted to the case of miners, whose eyes are affected with incomplete amaurosis, and who have been accustomed to follow their employment by means of a very feeble degree of light, and to those cases of impaired sensibility of the retina occasioned by too great delay in curing congenital cataract.

I shall close my observations on the local application of strychnia by remarking that, although I have been accused of recommending this means of relieving certain forms of amaurosis more strongly than its merits justified, I am perfectly assured that it is fully entitled to hold a very high rank—a much higher rank than it at present holds—among our curative measures; and that my apparent zeal in advocating its claims to the notice of my medical brethren, has been solely dictated by a desire to extend the usefulness of my profession; and, notwithstanding the labour and expense I have cheerfully incurred to gain a pretty full acquaintance with those circumstances calculated to assist in removing every obstacle to its safe and successful employment, I shall be the first to discard its use whenever a better and more efficacious means of accomplishing the same end is discovered. Impressed with these views, I stated in the last (third) volume of *The transactions of the Provincial Medical and Surgical Association*, that "the experience of every year strengthens my conviction of the value of strychnia in the management of certain defective states of vision; and I

would earnestly entreat my professional brethren to form their estimation of its powers, not by any vague condemnation it may have received from those who have either not taken the trouble to test its efficacy, or to select proper cases for its application, or to employ it cautiously and judiciously, but by their own experience, and from their own observation.

“ My opinions upon this subject have been derived from years of laborious and extensive observation; and I am satisfied, that if those who have censured the practice will labour in the same way, they will meet the same result, and will be prepared to recognise, in this excellent remedy, a means of rescuing many of their fellow beings from a state of blindness. But, it will be understood, that, in order that benefit may be obtained, a little judgment and discrimination must be exercised in selecting appropriate cases for its use; and I mention this the more particularly, because I, in common with other members of the Provincial Association, must be aware that many cases which have recently been published in various *Medical Journals*, were quite unsuited to the application of the remedy; and, indeed, some of them were evidently rendered worse by its employment.”

There is in the expression of his opinions, on the use of strychnia, candour and modesty, and the conviction the most honourable, as it is founded on facts. The author resists the torrent of discredit in which strychnia seems to be carried, because he is aware, intimately aware of its advantages, and he frankly advocates its merits.

We shall terminate this too brief notice on a work which resumed the real state of the science on the ophthalmic diseases. We can, with confidence, recommend this book to all practitioners; because it is complete, clear, correct; and presents in each chapter, in each section, new and peculiar progressive views, which the author could only obtain in a long and successful practice. The work of Mr. Middlemore ought to be in every medical library, there to remain for the advantage of science, and the honour of its author.

Practical Observations on the VENEREAL DISEASE, and on the USE of MERCURY. By ABRAHAM COLLES, M. D. one of the Surgeons of Stevens' Hospital, lately Professor of Surgery, &c.

Dr. A. COLLES does not pretend to write a treatise on the venereal disease, consequently we must put away the reproach of having neglected the opinions of authors of the antiphlogistic method. Dr. A. Colles limits his ground, and there would be no justice in making him responsible for more than he intended to undertake.

Dr. A. Colles thinks, that at no period since the disease was subdued by mercury, has the opinion of practitioners been more divided and unsettled, or their treatment more wavering and unsuccessful; and he tries to clear away this reproach in discovering

the causes of our backwardness ; he attributes it principally to two causes.

1st. The imperfect knowledge we possess of the natural cause of the venereal disease.

2nd. The very imperfect knowledge we possess of the means of directing the operation of mercury, so as to make it act in a salutary manner ; and the equally imperfect knowledge we have of the earliest phenomena, which would indicate that it is beginning to act as a poison rather than as a remedy.

In conformity with these sentiments, the author has stated, in detail, such observations he had made as to the progress or natural history of the venereal disease ; and he has offered some remarks on the mode of administering mercury, so as to induce the salutary action of this medicine ; and he has attempted to point out a few early indications which denote that its action will become poisonous if its use be persevered in.

We must confess that such an aim is very laudable, and suffices certainly to dispose the profession in favour of the work.

Let us see briefly in what manner he has fulfilled his task.

The author tries to establish that the history of venereal disease given by Hunter was imperfect ; that the use of mercury alters and conceals the real appearance of the natural symptoms. He describes the course of the disease. Sometimes, says he, “ instead of acute eruption fever preceding the secondary symptoms, we find marks of wasting, and of hectic state ; eruption fever no longer ushers in fresh symptoms. He terminates its first chapter, by establishing one fact, what secondary symptoms are capable of infecting ; and he quotes a case on the administration of mercury. The author maintains, that the curative action of this medicine is contemporaneous with its action on the salivary system :—

“ When mercury is exhibited for the cure of any other disease, as well as for Syphilis, we shall find that its sanatory impression on the disease is contemporaneous with its action on the salivary system, and that when the latter effect has not been produced, neither will the former have occurred. Thus in cases of acute inflammation of a joint, or of the dense membranes of the eye, we find that the progress of the disease is arrested the moment the salivary system becomes affected ; and even in cases of other diseases, which cannot be considered as purely inflammatory or acute, the same remark will be found to hold good : thus in cases of orthopnoea depending on disease of the heart, with effusion into some of the thoracic cavities, and in which we commonly prescribe mercury in combination with squill and digitalis, the patient is not at first sensible of any improvement, but almost invariably, as soon as the gums become affected, he experiences relief, and perhaps the very next morning after this occurrence he tells us with joy and gratitude that he is considerably better, that he has passed a night of refreshing sleep, and that he has been able to do what he could not have done for weeks previously, namely

in the recumbent posture without any of that distressing and alarming excitation under which he had previously laboured, and which always hurried the moment he sunk into that position. It is unnecessary to particularize many other diseases in which the same fact occurs; indeed it may be asserted as the general rule. The contrary also will be found fully true; that is, that mercury will not prove serviceable in any case for whose cure it has been prescribed when it does not produce prompt effect on the salivary system. How often has this been verified long that time, when it was the fashionable practice to prescribe a dose of mercury in all chronic affections of the liver? It then happened, and over again, that slight delicate females have been subjected to treatment; friction perhaps has first been tried, and this failing to relieve the complaint, (because it had also failed to affect the salivary system,) the internal use of mercury has then been substituted, or properly combined with the former; thus the medicine has been persevered in and the doses increased, even to an extravagant degree, but yet still no salutary effect has been induced; on the contrary the little remnant of strength has suffered so materially, that at length the mercury has been laid aside, and the friends, as well as the medical attendant of the patient, have had reason to express, not only their disappointment, but also their amazement at the inefficacy of the mercury, of which the patient had taken fully as much as would have sufficed to salivate at least a-dozen young and vigorous men. If then it be so very generally admitted, that whenever mercury exercises a salutary influence over disease, at the same time always affects the salivary organs; and if again whenever it fail to produce this latter effect, it be also found altogether inoperative in the cure of disease, it is surely fair and legitimate conclusion to affirm that ptyalism marks the natural and salutary operation of this mineral.

The author admits himself, that this doctrine has been questioned, and we must add, that it is nearly abandoned by the most eminent practitioners of the venereal disease on the continent.

Let us now see how the mercury acts as a poison:—

“Let us then bear in mind these facts; that each and all of these untoward effects of mercury are owing to the first impression of this medicine on the system; that on the subsidence of this state, the mercury may be used as freely and as long as can be required for the treatment of any venereal symptom, (or indeed for the cure of any disease curable by mercury,) without the danger of reproducing the same condition. Let us then, during the early period of a mercurial course, say from the second to the twelfth day, anxiously watch and guard against these untoward currents; but as soon as we have brought the system once fairly under the influence of this medicine, let us dismiss all fears and anxiety on this head, and now direct our whole attention to the changes in the venereal symptoms, to the salivation, and to the strength and general health of our patients. The salivation once fairly established, we may consider ourselves as having escaped the chief dangers of a mercurial course, and now being on the high road to a certain cure. We now may be content that the mercury will not act (as it too often does) as a poison, in-

stead of its proving one of the most active and beneficial remedies in the *materia medica*.

Of all the dangerous effects which may result from the use of mercury, on the occurrence of ptyalism, the most alarming is that which has been so well described by Mr. Pearson, under the name of Mercurial Erethismus.

“ This state is characterised by great depression of strength, a sense of anxiety about the præcordia, irregular action of the heart, frequent sighing, trembling, partial or universal, a small, quick, and sometimes an intermitting pulse, occasional vomiting, a pale contracted countenance, a sense of coldness, but the tongue is seldom furred, nor are the vital, or natural functions much disordered.”

Again, he adds, (page 158) “ The gradual approach of this diseased state is commonly indicated by paleness of the countenance, a state of general inquietude, and frequent sighing. The respiration becomes more frequent, sometimes accompanied with a sense of constriction across the thorax; the pulse is small, frequent, and often intermitting, and there is a sense of fluttering about the præcordium. When these, or the greater part of these symptoms are present, a sudden and violent exertion of the animal powers will sometimes prove fatal; for instance, walking hastily across the ward, rising up suddenly in the bed to take food or drink, or slightly struggling with some of their fellow-patients, are among the circumstances that have commonly preceded the sudden death of those afflicted with the mercurial erethismus.”

I imagine that, in general, this dangerous effect of mercury comes on suddenly, and is actually established before the surgeon has due notice of its approach. It may, however, be useful to observe that I have very frequently remarked this affection to have been accompanied with an intense desire for some acidulated drink; and although the patient remarks that a slight exertion induces palpitation, yet his countenance remains unaltered, or it may perhaps be somewhat paler than usual.

Although palpitation of the heart is the prominent symptom in this disease, we are to consider it only as one of a series of those effects which mercury produces when it acts as a poison, and not as owing to any peculiar tendency to injure that vital organ. For when mercury acts favourably on the system, it is so far from producing any specific bad effect on the heart, that in diseases of this organ attended with anasarca orthopnœa, and effusion into the chest, it affords considerable relief; so, that the patient himself acknowledges its utility as soon as the gums become affected, by joyfully announcing to us the glad tidings that he is now enabled to lie down and even to enjoy sound sleep. Erethismus then is caused by mercury acting in the manner of a poison on the constitution. I never knew an example of its occurring after ptyalism was fully established: if a patient once have a regular sore mouth, we may continue the use of mercury to an indefinite period, and in any doses, without the risk of producing mercurial erethismus. When I say this, I speak of what accords with my own observation of this affection. For I am aware that Mr. John Pearson says the subjects were men who had nearly, and sometimes entirely, completed their mercurial course. Now according to my observation, this affection comes on at a late period of a mercurial course, only in those cases where an increased dose has at length been employed

ith a view of inducing ptyalism, or where the ptyalism was slow in coming on; or where that which had been first excited has been allowed to subside, and that we are endeavouring to renew it, or rather to reproduce it.

I have never seen any instance of its affecting a patient who had entirely completed his mercurial course. Indeed, I feel perfectly confident that it will not affect any person while he is in a state of moderate salivation. I am aware that now and then, instances have occurred where mercury has appeared to lie dormant and inactive in the system for two or three weeks after it has been altogether laid aside, and that after this, internal ptyalism has come on. I imagine that when mercurial erethismus attacks men who had entirely completed their mercurial course, it must have been in some one of those very rare instances.

The treatment to be pursued in a case of this formidable disease, should be as follows: first, at once discontinue the use of mercury, and charge the patient to change his dress, and to lay aside every article of it which may be in any way impregnated with that mineral; also, caution him to avoid any, even the slightest exertion, such as getting out of bed without assistance; for we know by experience that, under these circumstances, a patient may sometimes expire on making any slight muscular effort; in the next place, we should exhibit cordials in small, but frequent doses; and above all we should expose him, in the horizontal posture, to the free, open air, *both during day and night*; we need entertain no apprehension of any of those injurious effects which exposure to cold so commonly induces; it would appear as if the febrile state of the system suspended the ordinary effects of exposure to cold, or at least enabled the system to resist them.

If this treatment have proved successful in rescuing our patient from the imminent danger in which he was involved, we must be careful not to resume the use of mercury for two or three weeks at least, and not even then, unless his health and strength are perfectly restored; and when we have determined to have recourse to it anew, we should observe the following precautions; We should use the medicine in smaller doses than those which were used when the Erethismus appeared; we should interpose occasional purging, allow the patient occasionally to take mild exercise in the open air, and use every effort suitable in his state to direct the action of the mercury to the salivary system, so as to induce ptyalism.

We leave our readers to judge if these brief extracts are conclusive.

The author continues his researches or observations on the chancre, the bubo, on the secondary symptoms, on venereal disease of the mouth, on venereal eruption; on the use of mercury in curing venereal hectic fever; on the treatment of syphilis in scrofulous patients; on syphilis of infants; on pseudo syphilis. There is an article on the new mercurial treatment of syphilis, and then a last chapter on the use of mercury in the affections of the nervous system.

We must confess, that belonging to the school of Cullerier, we are not fully prepared to admit the doctrine of our author. We think that the works of Desrullès, Devergie; the opinions of

Cullerier, and Ricord, are entitled to some attention on this subject; yet we must say, that we have derived real information and knowledge from the perusal of this interesting work. It is evidently written by a practitioner, fully entitled to our attention, for his learned and laborious avocations, and for the scrupulous fidelity with which he relates the facts occurred in his practice; it cannot fail to be of great utility to those men who derive advantage from every doctrine; and who seek for every information, although not concordant with their previous opinions.

Aphorisms in Natural and difficult PARTURITION, PUERPERAL DISEASES, and on the Physical Management of INFANTS.—By DR. RYAN, M. D. London, 1837, 18mo p. p. 128.

DR. RYAN'S obstetric aphorisms resume in a few pages, and in the clearest manner the best principles on Parturition, the accidents, and diseases which may accompany and follow it, and the Physical management of Infants. He has put aside all theoretical discussions and gives the most adopted practical precepts.

After enumerating the divers instruments with which the practitioner ought to be provided, he points out in a general manner their different uses, the manner in which he must act when first called in; here he insists on a very important point too often neglected, to spare female feelings of modesty, which may be conclusive of many and most serious accidents, viz: the early examination per vaginam. "this examination" he says "enables the obstetric practitioner to determine that the woman is or is not in labour, that the labour is natural or preternatural, that it will be quick or slow, that the cavity of the pelvis is natural, capacious, or contracted, and whether any manual or instrumental operation will be necessary, &c." He describes the different stages of the natural labour and the conduct in each stage, the regimen of the patient during and after labour the management of the infant, &c.

The second classification is the preternatural labour, and such as offer a complication by any cause whatever, the treatment in such cases, the divers presentations which may occur, and the mode of operation to be adopted in each. In the instrumental part, Dr. Ryan gives precise and accurate notions on the instruments which may be used, and the cautions to be taken by the practitioner, the cases which may require them, the manner of their application either to the woman or the infant. In the last part we find the treatment of the accidents and diseases which may be met with during or after parturition. It includes various prescriptions; in short we find a complete *practical* treatise in a small compendium, and the author of this work has evidently given much time and attention to the subject of which he treats.

VARIETIES.

PARIS AND LONDON.

GENERAL attention must necessarily have been attracted by the discussion which has lasted during so many academical meetings, and which has only just been brought to a conclusion, after all the powers of reasoning had been vainly expended, and that it was found impossible to bring the partisans and the enemies of the numerical method to an understanding. Is the time that has been thus spent to be considered lost, and are all these warm debates to produce no results? We gave our opinion on this subject in our last letter, and shall now only remark, that the numerical method, but the calculation of probabilities applied to medicine, and the means of attaining the sole possible certainty in the application of medical science.

We agree with Laplace, that to the deep thinkers of the two last centuries are due the elements of the science of probabilities; a science which does honour to the human mind.

Pascal first proposed this method; Huyggens added new problems to those already discovered; Witt, d'Alembert, Halley, applied the calculation to human probabilities; Pascal composed, and published, the first bill of mortality. Towards the same period, James Bernouilli investigated the science of probabilities, and laid down a theory for the discovery of the laws and causes of the phenomena; Nicolas Bernouilli gave solutions of a not less ingenious nature; and Daniel Bernouilli applied the calculation of probabilities to inoculation.

In later times, Lagrange, and Laplace, and within a very short period, M. M. Poijou, and Navier, of the Institute, increased, and rendered more vigorous, the application of this method; even the different solution of moral facts has been sought.

"What," says Lacepede, "is the theory of probabilities, but common sense brought to a calculation? a science which causes to be correctly appreciated what just minds would almost instinctively reform, without being able to account for it. If we reflect on the analytic method, to which this theory has given rise, and the truth of the principles on which it is founded, and the delicate and firm logic requisite in the solution of these problems, the useful public institution founded on this science, it will be evident, that there is no science more worthy of our meditation, or more desirable in a public system of instruction."

When such high authority has given support to a method, and caused it to be justly appreciated in science, such a method cannot be overthrown.

If false calculations of probabilities may tend to absurdity, it is

the same with school logic. Why has learned Europe so willingly adopted the most simple notions of good sense? I because Aristotle's logic was opposed to them. The human mind was paralysed with syllogism and enthymema; and in this respect it may be said, that the inhabitants of the south have not quite shaken off the yoke of Aristotelian propositions, perhaps, because in a warm climate there is more subtlety than depth of mind. Scholastic discussions are preferred to the simple and concise language of good sense, and particularly to the slowness of calculation. This tendency is still more remarkable as the civilization of the nation is on the decline: there is an end to experiments, and searches, dissertations, and wrangling, are alone in vogue: it is a complete return to sophistry.

Thus, Seneca, the celebrated philosopher, when the state was declining, thought proper by way of mental exercise, to attribute to Hippocrates; as a rhetorician, he combated his first aphorism, maintained that the proposition, *ars longa vita brevis*, was false, and he took some pains to prove that life was of sufficient duration for the greatest undertakings, and for bringing all arts to a state of perfection.

Thus we have on one side deep thinkers, whose object in having recourse to calculation is to spare words, and to give more vigour to the language of common sense; on the other side we have rhetoricians accustomed to the subterfuge of logic, who instead of increasing thought endeavour to circumscribe it, and confine it within the precincts and all the subtlety of logic.

The application of statistics to medical researches, has given occasion to uneasiness, because medical questions seemed greatly to differ from questions relating to mechanism and physics, to which the laws of calculation are so advantageously applied. But it is easy to clear up similar doubts, and to annihilate fears of such a description.

The basis of medical, as of all other science, is founded on the utility of observations. No one will deny, that if observations are made and collected with method, and carefully classed, so as to unite those offering analogous circumstances, compared and discussed without prejudice or partiality, useful consequences must necessarily result. It is a general subject of regret, that in medical works, authors seem not to examine a question, but to support a thesis; that instead of presenting to the reader's mind all known facts, they confine themselves to those favourable to their own opinion, passing over cases of a contrary nature. All must agree that a different plan would alone tend to the discovery of truth, and produce conviction. Liberal and impartial discussion, and observation of known facts, are indispensable elements for the progress of medicine, which is incontestibly the most useful of all sciences. To apply the proofs of statistics to medicine would be not only to collect facts, of which no one doubts the utility, but these facts would be methodically classed, enumerated, and the results of the

meration be given as a foundation for certain propositions, which should appertain to science, and which might serve as a guide for similar applications.

If, for instance, it be remarked that any particular operation saved eight patients out of ten, no calculation will be requisite to prove that it is better to submit to the operation than to run the risk of dying. What may be expected from the calculation of probabilities is principally to give a just idea of the degree of confidence to be granted to the conclusions resulting from the enumeration of collected facts.

The application of statistic is extremely difficult, but with time and zeal these undertakings, supported by a love of truth, are not impossible. The partisans of statistics do not reject the minority of facts; they insist on the examination of all facts without exception: and when there is a minority they scrupulously seek the causes which may have prevented the effects of the general treatment, and thus explain how circumstances, apparently similar, can have produced such different results.

It is because statistics have not been thus understood, that a doubt has existed as to the services they might render to the progress of medical science.

The late rejoicings in Paris were attended by a fearful catastrophe; several persons were suffocated in the crowd. M. Olivier, after reading a memoir on the different accidents, stated that in the generality of cases death was the result of mechanical suspension of respiration, and that violent pressure on the chest may at once determine asphyxia and fatal cerebral congestion. "This severe calamity," says a contemporary, "may be considered as a dreadful physiological experiment, made to determine the effects of great pressure on the human chest."

The death and post-mortem examination of his late Majesty, King William, have given rise to reflections of a most distressing nature. Among the Babylonians, when a man was sick, he was placed at the door of his own house, and the passers by were asked if they knew what could relieve the sufferer. In modern times the smallest citizen, when in danger, calls round his bed the heads of the medical profession. Why was not this done for the King? No one can assuredly doubt the skill of the attendants of the sovereign, yet *are they the real representatives of the actual state of medical science?* Could not auscultation, which is somewhat neglected by elderly physicians, afford any knowledge of the King's ill situation? Why not call a general consultation when so precious a life was at stake? Why not ask the opinion of men, though not courtiers, are nevertheless at the head of the progress of science? Imitating the Babylonians, or the smallest men of London, why not try to derive information from every source. No man of forty would have attended the King without bringing recourse to auscultation. We are not to suppose that the

royal medical attendants are the depositaries of all the treasures of science; and what was the treatment followed! In France antiphlogistic treatment would most undoubtedly have been advised; the simplest village surgeon would have recommended it: auscultation would have indicated the propriety of this measure. What was done for King William? Dr. James Johnson, we find, has made some remarks, which appear to us most worthy of notice, and we give them without any comment.

DISEASE OF HIS LATE MAJESTY.

The following remarks on the post-mortem examination of his late Majesty William the Fourth appeared in the "Medico-Chirurgical Review."

"THE line of demarcation between the chronic and the acute—the old and the recent—the structural and functional affections, in the above case, is easily defined. In the FORMER category, are, the pleural adhesions in the left side; the tracheal and bronchial ossifications; the enlargement of the heart; ossification of mitral and aortic valves; thickenings of the aortic coats; enlargement and degeneration of structure in the liver; enlargement of spleen; induration of pancreas; granulation of kidney.

"Among the recent, functional, and inflammatory affections, must be ranged the *pericarditis*, with its product adhesion by coagulable lymph; effusion into the right cavity of the chest; hepatization of the lung. That this was *red* hepatization, marking it as the product of *recent* inflammation, is clear from the general inflammation surrounding, and from the specific allusion to *redness of the vessels*—*bronchitis*. Thus, then, there were three kinds of acute or subacute inflammation engrafted on previous organic disease, namely, pleuritis and pericarditis, pneumonia, and bronchitis. This was a most formidable complication, and we have no doubt that the condition of parts was accurately ascertained, during life, and that the treatment was skilful and appropriate.

"That the organic changes above enumerated had existed for years before the accession of his Majesty's last illness, there can be no doubt; and that the royal sufferer might have lived for years, had the inflammation of so many different structures not supervened, there is every probability. The supervention of inflammation on old standing organic diseases renders the management of the case more difficult, but does not alter the principles of the treatment. In such a multiplicity of inflamed tissues as dissection here disclosed, nothing but the strictest antiphlogistic treatment could offer a hope of relief; and no doubt this course was pursued. The apparent slowness of the pulse, at times, is easily accounted for by the imperfection of the mitral valves. The action of the heart we have often found to be double or triple the number of pulsations at the wrist. This inequality was never accounted for till auscultation cleared up the mystery. In the post-mortem report there is an obscurity respecting the *redness of the vessels*. It does not state whether this redness was confined to the blood vessels, or extended to the air vessels or tubes. The case of our King is altogether one of extreme interest, and we hope that some account will be given of the symptoms, and the effects of remedies."

SELECTIONS FROM ENGLISH JOURNALS.

On the Employment of the Ergot of Rye in Leucorrhœa.

By ALFRED CATHERWOOD, M.D.

BEFORE the treatment of any disease is commenced it is of paramount importance to ascertain, as far as possible, all the circumstances relating to it, otherwise the means of cure employed to eradicate the malady are attended with so much uncertainty, that it would be impossible to calculate the result. An exception to this rule, however must be made with regard to leucorrhœa, as medical men in this country are averse to proposing an examination by which the actual state of the vagina and neck of the uterus might be ascertained, until all the usual remedies have been tried in vain. With a view of rendering the necessity for the employment of the speculum less frequent, and at the same time demonstrating that leucorrhœal discharge depends frequently on relaxation of the muscular frame of the uterus, I have been induced to publish the following, not doubting that the ergot of rye may be as successful in other cases as in mine. It is right to observe, that it has been much employed by French and German practitioners, for a number of years past, and that they repose considerable confidence in it. Thus we find the author of the *Dictionnaire universel de Matière Médicale et de Thérapeutique générale*, recommending it, “dans des leucorrhées abondantes, provenant plutôt de l’utérus que du vagin.” Also Professor Vogt, in his *Lehrbuch der Gynäkodynamick*, praises it in those diseases of the uterus, “die auf einer mangelnden contraction desselben beruhen.”

Case 1.—Feb. 15th, 1837.—Lucy Jones, æt. twenty-nine, has suffered from the whites for five weeks past; the discharge, which amounts to about a gill daily, is of white colour tinged with yellow, and changes litmus paper instantly red; complains of some pain in the womb, otherwise in good health. Half a drachm of the ergot of rye in infusion to be taken every morning.

Feb. 18.—Infusion was each morning retained on the stomach, but produced giddiness, trembling, and pain in the womb, accompanied by vomiting, forcing, which continued for two hours. The leucorrhœal discharge almost ceased. A scruple of the ergot in infusion every other day.

Feb. 20.—Discharge entirely ceased.

Case 2.—Feb. 25th.—Matilda Sigourney, æt. thirty-three, says that she has been troubled with the whites for six months. Pains in the loins and womb, and feels a constant desire to make water. Pains also in the feet and ankles, which swell at night. Discharge reddens litmus paper; complains much of worms, appetite enormous, bowels very irregular, extremely foetid, tongue white. To take immediately half an ounce of oil of turpentine with the same quantity of castor oil.

Feb. 26.—Six grains of Laming's extract of the ergot of rye to be taken directly, and to be repeated every morning. The fifth dose of the extract effected a cure: the first two doses caused sickness, and produced a trembling over the body which lasted for four hours.

CASE 3.—March 4th, 1837.—Ann Collins, æt. thirty-seven, mother of seven children, has had the whites since she was twelve years of age. Complains of no pain, and is in other respects in excellent health. The discharge reddens litmus paper. Six grains of Laming's extract of the ergot of rye to be taken every morning.

March 7. The extract produced nausea four hours after it was swallowed; the second dose effected a cure.

REMARKS —In the first of these cases it will be seen that the patient was admitted on the 15th of February, and cured on the 20th of the same month. In the second, the cure which was effected by Laming's extract was equally rapid; and in the third, the second dose of this gentleman's extract was perfectly successful. The extract of the ergot of rye, prepared by Mr. Laming, as well as all the other extracts obtained from this gentleman's laboratory, cannot be too highly praised; and I am fully convinced (from numerous experiments which I have made with them) that when they have been fairly tried, the extracts formed by the common cooking process will not be again resorted to.

I could with ease multiply examples in which the ergot of rye has been successful in cases of leucorrhœa, but I think it unnecessary, as it is not my intention to occupy any more space than is absolutely indispensable to draw the attention of my professional brethren to the more frequent employment of the ergot in cases which appear to depend on a relaxed state of the uterus. When leucorrhœa derives its origin from an ulcerated condition of the neck of the uterus, which it often does, no good whatever can be derived from the employment of the ergot of rye; on the contrary, it always tends to exasperate the disease: cases of this description generally yield very readily to the nitrate of silver injection. Should the discharge come entirely from the walls of the vagina, and be decidedly of an acid nature, which it generally is (although sometimes it is either neutral or alkaline,) the injection of a solution of carbonate of soda, as prescribed by Dr. R. D. Thomson, will frequently answer admirably.—*British Annals of Medicine.*

Dr. O'Beirne's Plan of rapid Mercurialization in certain affections of the Joints.—Different Applications, by DR. GRAVES.

AN extensive experience and deep reflection first led Dr. O'Beirne to think that the acute stage of scrofulous inflammation of the hip and knee joint might be made amenable to active and energetic treatment; in other words, that inflammatory affections of the joints, which terminate in some of the worst and most fatal forms of disease, namely morbus coxæ and white swelling, might be checked in *limine*, and before the stage of hopeless ulceration was established. He therefore proceeded boldly and at once to try whether the disease might not be arrested in the commencement by rapid mercurialization.

Observe, gentlemen, this idea was completely new, it had never occurred to any other person, and was diametrically opposed to the theories of the day. The prevailing opinion on this subject was, that mercury was inadmissible, and could only produce mischief in persons of the scrofulous diathesis. Every one said, do not give mercury in such a case, it exacerbates scrofula, it even brings on scrofula in many instances where there had been no appearance of it previously; you can do no good with it, and may do infinite mischief. Dr. O'Beirne, however, knew the difference between the proper and improper exhibition of mercury—between mercurializing the patient at once and fully, and then stopping, and the pernicious custom of giving long and irregular courses of mercury. He tried the remedy and succeeded, and the surgeons of Europe have justly appreciated the value and importance of his discovery. About two or three months before Dr. O'Beirne made his discovery public, I had translated, for the Dublin Medical Journal, a paper from a German author on the use of corrosive sublimate in baths, in the treatment of white swelling, and Dr. O'Beirne states that the publication of this paper gave him courage at the time in pursuing a plan of treatment so much at variance with the opinions of the day. I published this paper, however, at the time merely as a curiosity; it was a novelty in practice of which I had no experience, and could not offer any explanation. This was reserved for Dr. O'B. He has shewn in his memoir on the subject, that if you give mercury so as to affect the system rapidly, you will frequently succeed in curing the disease, particularly in the commencement.

From this I was led by analogy to apply the same principle of treatment to incipient scrofulous inflammation of the lung, and I think I have often succeeded in checking at once this most formidable of human maladies. Phthisis, as every medical man knows, is capable of assuming a variety of forms, and presents at its origin much difference of aspect. In some, it arises slowly and insidiously, and the pulmonary symptoms are so quietly and gradually developed that it would puzzle an intelligent practitioner, who had the most ample opportunities of observing his patient from the beginning, to say at what particular period distinct evidence of danger had been noticed. The reason of this is because the tubercular affection of the lung is in such patients only of secondary importance, the disease which produced it having affected the whole system before the lung was contaminated. This happens in some, but in others an opposite train of phenomena is observed, and scrofulous inflammation commences in the lung before any general contamination of the system has taken place. It is in such cases, and such only, that mercury ought to be tried, and it will avail nothing except where the commencement of the scrofulous inflammation of the lung has arisen suddenly, and in consequence of the operation of some obvious cause, as catching cold or the occurrence of hæmoptysis. I think that too much stress has been laid on the affection of the lung by writers on phthisis. In some cases (I will admit even in the majority of instances,) the disease commences in the lung, but in others it passes through many changes and affects various organs before it attacks the lung. You will frequently see persons labouring under scrofulous irritation, accompanied by hectic, emaciation, loss of appetite, and excitement of pulse, long before you can find any trace of tubercular deposition in the lung. I am of opinion that many persons would die of phthisis even supposing they had no such organ as the lung.

But let us suppose the case of a person of scrofulous habit who gets an attack of fever, with local inflammation, and that this inflammation fastens on the lung. Take for instance the following case: a young man of robust and vigorous frame, but evidently of the scrofulous habit, who has laboured repeatedly under scrofulous ophthalmia in his infancy, and who has lost several members of his family by consumption, gets, we will suppose a severe cold by overheating himself in walking into Dublin from the country on a damp evening. He is attacked next day with feverish symptoms and severe catarrh, which soon becomes a formidable bronchitis; but the young man being of a vigorous habit and fond of company, continues to go out and expose himself to night air, until at length the catarrhal fever is changed into hectic, the bronchitis into organic disease of the lungs, tubercles become developed, and the disease passes into phthisis. Here, you perceive, a man gets an ordinary cold, which becomes a bronchitis; he neglects this, and it passes into disease of the pulmonary tissue and tubercular ulceration. Now this is a very common course of diseased action in persons of a scrofulous habit, and I have in many such cases been able to trace the fatal malady to a common cold exacerbated by neglect and bad treatment. You perceive I do not use the ordinary nomenclature of writers on consumption; I do not recognize the terms "tubercular inflammation" as connected with cases of this description; indeed, I am inclined to think that the whole theory of inflammation being excited in the lung by the presence of tubercles is founded on erroneous views. I have repeatedly found tubercles in the lungs of persons who died of other diseases, without any trace of inflammation around them, and I believe every pathologist will confirm this statement. From this and other reasons, I have been led to the conclusion that tubercles do not act in all cases as foreign bodies, and that the theory which attributes the origin of inflammation to their presence is wrong. In one of my published lectures, I have brought forward numerous arguments to show that we are in possession of a much truer and more intelligible pathological explanation of the fact in question. You may have scrofulous inflammation of the bronchial mucous membrane, or you may have scrofulous inflammation of the lung singly or combined, or, what is most frequently the case, you may have either or both accompanied by tubercular development. The development of tubercles, however, in a case of scrofulous bronchitis, or scrofulous pneumonia, is a coincidence, and not a cause; and you may have either of those affections singly or combined, without any coexistent or preceding tubercular development. Most commonly scrofulous bronchitis and scrofulous pneumonia are conjoined; the former seldom exists for any length of time without producing the latter, and the latter is usually attended by more or less derangement of the bronchial mucous membrane.

But what I chiefly wish to direct your attention to on the present occasion (and it is a matter of the deepest importance) is, can we prevent the development of phthisis in a person of scrofulous habit who has caught cold, got a dangerous attack of bronchitis or pneumonia, and is threatened with hectic? I do not wish to enter here into any disquisition concerning the means to be adopted with the view of preventing tubercular deposition or producing absorption when tubercular matter has been deposited in the tissue of the lung. To prevent tubercular deposition you must cure the scrofulous diathesis if you can. But suppose you are called to a case of the kind I have already described, where a young man of scrofulous diathesis

a bad bronchitis or pneumonia, exacerbates it by neglect, and is ended with hectic, what is the best plan you can pursue? My impression is that you should treat it as you would treat acute scrofulous inflammation of the knee or hip-joint; in other words, that you should mercurialize your patient rapidly and at once: do it suddenly and decidedly, without pushing the mercury too far, and you will often arrest all the symptoms of the disease as it were by a charm. I could mention many cases which have been treated successfully in this way. I was very much struck by the case of two eminent medical practitioners who came to London within this last year to place themselves under the care of Dr. James Stokes and myself. One was a person of scrofulous habit, who caught cold after taking mercury, and neglected it for three weeks. The time we saw him he laboured under severe and harassing cough, considerable fever and emaciation, and was greatly alarmed about his condition. He had been several times leeches over the trachea by Drs. Stokes and myself, but this, although an admirable remedy in many cases of bronchitis, in producing an amelioration of his symptoms, and from the persistence of his feverishness, emaciation, and harassing cough, serious apprehensions were entertained that his disease would terminate in phthisis. We explained to our patient our views of the case, and our impression that mercury was the only remedy on which we could rely with any hopes of success, we ordered him to confine himself to his room, continue the application of leeches to the trachea, and take mercury. Now this gentleman had come up to town under the impression that he was consumptive, we found some difficulty in persuading him to submit to this mode of treatment. He yielded, however, but with great reluctance. In the space of a week all his bad symptoms had nearly disappeared. As soon as he came under the influence of mercury the fever became notably diminished, and he recovered flesh and strength with surprising rapidity. The other was a physician from the north of Ireland, who was suddenly attacked by pulmonary apoplexy, and in a few weeks came to Dublin, harassed by a constant dry cough, which prevented sleep at night, and he was visibly emaciated and debilitated. In him no hereditary tendency to phthisis could be ascertained, nevertheless Dr. Marsh, Dr. Stokes, and myself, considered the case as unpromising, for although there was no acceleration of the pulse, the breathing was easily disturbed, and we could detect crepitus and some consolidation above the right mamma, where it was evident the original seat of hæmorrhage had been. This case, too, which had resisted a mere expectant and tonic treatment, yielded in a most satisfactory manner to mercury. Bringing these facts in mind, I think, gentlemen, you will be prepared to conclude that mercury is a most valuable remedy in the treatment of scrofulous bronchitis and scrofulous pneumonia—diseases which too often resist the ordinary modes of treatment, and which are unfortunately so often ended by fatal disease of the lung. Where a sudden attack of cold has excited inflammation of the substance or lining membrane of the lung in a person of scrofulous habit—where the attack is recent, and has occurred under circumstances which preclude any suspicion of previous tubercular disease—such a case as this you will find mercury a most admirable remedy in arresting symptoms often not amenable to other plans of treatment, and which if neglected or maltreated would in all probability end in phthisis. It is led to the adoption of this plan by the success which has attended

Dr. O'Beirne's practice in acute scrofulous inflammation of the joints, and from observing that cases of unmanageable chronic bronchitis had been occasionally cured perfectly where mercury had been exhibited for other affections; and it is a curious fact that about the time I had fallen upon this mode of treatment, it suggested itself likewise to the minds of Dr. Stokes and Dr. Marsh, who can testify its utility: of course it will not succeed in all cases; and I have seen it fail in two where I had confidently expected benefit. Notwithstanding this it is a most valuable addition to our resources in certain cases that would end in phthisis.

About a year ago I attended a young gentleman, apparently of robust constitution, who died of phthisis ushered in by a frequently recurring hæmoptysis. Shortly after his death, Mr. William Grady, one of our most diligent and intelligent pupils, called on me to visit the elder brother of my former patient. He had a constant dard, dry, and very distressing cough, which deprived him of sleep, and having continued many weeks had produced a most formidable degree of emaciation. Consumption was naturally dreaded. His pulse, however, was normal, and the stethoscope did not indicate any pulmonary lesion: still, as the case had refused to yield to all the ordinary remedies, including change of air, we felt very apprehensive as to the result. I confined him to bed, applied leeches over the trachea several times, and rapidly mercurialized him, and with complete success. He has continued well ever since.—*Medical Gazette*.

On the efficacy of Tartar Emetic and Opium in Fever with much cerebral disturbance; illustrated by Cases.

By PROFESSOR GRAVES.

AT my last lecture, I alluded to the use of tartar emetic in the treatment of the cerebral excitement and determination to the head, which are so frequently witnessed in the advanced stage of the present epidemic, typhus; I shall now proceed to mention some of the beneficial effects derived from this plan of treatment, as illustrated by cases which recently occurred in my own practice, or in that of other members of the profession.

Did I bring forward this plan of treatment as infallible, or if I boasted that it never failed, then indeed you might well doubt my judgment in recommending it to your notice, for infallible remedies never earn the sanction of experience; but such is not the fact. This treatment we ourselves have seen will not always succeed; nay, we must acknowledge that it has occasionally disappointed us even where we seemed justified in calculating upon success. But, gentlemen, we must recollect that every useful remedy is subject to the same charge, and that in the long list of therapeutic agents, there does not exist a single medicine which is fairly entitled to the appellation of a true and infallible specific.

We have failed in several cases with tartar emetic, either alone or combined with opium and other medicines, and patients labouring under typhus have fallen victims to cerebral disease, although we applied the remedy with all due diligence. Yet I think it but fair to observe, that most of the instances in which we failed were cases that had come under our notice at an advanced stage of fever, and where the cerebral symptoms

had been wholly overlooked or improperly treated in the commencement of the disease. I may observe also, that cases of this description, in which the cerebral symptoms have been permitted, before admission into hospital, to form themselves fully, are exceedingly difficult to manage, and terminate fatally at a much earlier period than the ordinary cases of typhus observed in private practice.

Maculated typhus with determination to the head, when improperly treated, terminates not unfrequently about the tenth, eleventh, or twelfth day; sometimes it is protracted to the thirteenth or fourteenth, but most usually it ends fatally about the eleventh or twelfth. In neglected cases, the cerebral symptoms frequently assume a fearful violence on the seventh, eighth, or ninth day, and in such instances it must be expected that the best and most appropriate plan of treatment will fail in rescuing the patient from impending dissolution. If, however, we can find out a remedy, which, in many cases apparently desperate, succeeds in rescuing the patient from the jaws of death we must be satisfied. A case of this description has occurred since our last meeting. It has excited the attention of all who witnessed it, as well from the violence of the symptoms, and the apparently hopeless state of the patient, as from the rapidity with which the exhibition of the remedies employed was followed by a striking and decided alteration in the symptoms. Any one who saw him yesterday, would scarcely recognize him as the same individual to-day.

This man, named Fogarty, was admitted about the seventh or eighth day of his fever, according to the account of his friends. Of course, in such cases, we cannot give implicit credence to those loose statements, for the lower class of persons in this country never calculate the time during which the patient remains out of bed struggling against the disease,—a period which, in a people inured to suffering and privation, frequently lasts three, four, or even six days. Well, this man, aged five-and-twenty, and of rather robust constitution, was admitted on the 20th of December, being then about eight or nine days ill. Previous to admission he had taken purgative medicines, had his head shaved, and six leeches applied behind his ears, or to his temples, I forget which. Now all these measures, although perhaps insufficient, were extremely proper, and must have produced more or less benefit. When we examined him on the 21st, we found him in a state of high excitement, as manifested by continued mental wandering, incessant talking and raving, and frequent attempts to get out of bed. He had illusions of the senses of sight and hearing, consisting of terrific ocular spectra,* and alarming sounds, which threw him into a state of intense agitation; his eye was red and watchful, and he never slept. Here then was a very threatening array of symptoms;—perfect insomnia, ocular spectra, illusions of the sense of hearing, a fiery eye, and incessant mental wandering. To this was added, great derangement of the whole nervous system; his body was agitated from head to

* In a former lecture I mentioned that analogous symptoms result from increased or diminished sanguineous pressure on the brain; the ocular spectra in Fogarty's case evidently depended on determination of blood to the head, but in the case of a lady, the wife of an eminent physician, a continued and varied succession of spectral illusions formed one of the chief symptoms, produced by exhausting hemorrhage after delivery.

foot by continual tremors, and he had violent and persistent subsultus; his respiration was interrupted, suspirious, irregular, amounting at one time to forty in the minute, and a few minutes afterwards not exceeding twenty-five; the acts of inspiration and expiration were extremely unequal, and occasionally accompanied by blowing and whistling. In a former lecture, I made some observations on this form of respiration, which I termed *cerebral*, from having first observed it in persons subject to apoplectic attacks, either before or during the paroxysms; it is frequently observed in bad cases of fever, and is a symptom of the greatest importance. He also lay constantly on his back; his pulse 120, soft, and very weak, so that the canal of the artery could be obliterated by very slight pressure; his pupils were somewhat dilated; tongue parched and brown in the centre, red at the edges and tip; skin covered with maculæ; abdomen soft and full. Those who have witnessed the case, will acknowledge that the picture I have drawn is not too highly coloured, but on the contrary, falls far short of the reality, and no doubt you all expected that if we did not succeed at once in arresting the progress of his symptoms, the case must have proved rapidly fatal. Observe the position in which we were placed. In the commencement of the fever, certain appropriate but inadequate remedies had been employed, and under a treatment proper but insufficient, the disease had progressed; it was an example of one of the worst forms of fever, characterized by intense cerebral excitement, and accompanied by total want of sleep, persistent delirium, and excessive disturbance of the nervous functions; all these symptoms had come on gradually, and arrived at their acmé at a period when the low and debilitated state of the patient precluded the use of depletive measures to such an extent as to exert any efficient control over the most dangerous symptoms. The application of a few leeches would be extremely hazardous, and blistering would have been wholly useless and nugatory, for before a blister could rise the man would be dead. For these reasons, we concluded that the only remedy we could have recourse to with any prospect of success was tartar emetic. We therefore ordered a draught composed of two drachms of mint water, two of common water, and a quarter of a grain of tartar emetic, to be given every hour until it produced some decided effect on the constitution. You will recollect here, that the scale was vibrating between life and death, that it was necessary that our plan of operation should be at once prompt and prudent, decisive and cautious. One of the pupils promised to stay by him the whole day and watch the effects of the remedy, and I determined to visit and examine him personally in the afternoon. In the course of four hours, he took four doses of the tartar emetic; the first and second, in fact, almost every dose vomited him, but not immediately. He retained each dose for a considerable time, and then threw it up. After the fourth dose, it began to act on his bowels, and then the medicine was suspended for some time, and a small quantity of porter administered. When I saw him at eight o'clock in the evening, he had been freely purged, and had discharged a considerable quantity of bilious yellow fluid from his bowels. He had also enjoyed about an hour's sleep; his respiration was now more uniform and natural; his raving greatly diminished; the subsultus and tremors were nearly gone, and the man appeared quite tranquil. I then ordered him a wine glass full of porter, with two drops of black drop, to be repeated every second hour for three or four turns successively. I saw that the cerebral

symptoms were evidently diminished, and that there was a tendency to returning tranquillity and repose, and I wished to follow up and assist the operations of nature. To day this man is in a most favourable state. His skin is covered with a profuse warm perspiration, he has slept well, belly soft and natural, respiration slow and regular, and pulse diminished in frequency; he is calm, rational, and composed, and I think I am not too sanguine in anticipating for him a speedy and certain recovery.*

It is always an unpleasing and ungracious task for any individual to be obliged to come forward with proofs of the originality of his contribution to science: this task some have endeavoured to impose on me, and have sought to impugn both the originality and utility of my method of using tartar emetic and opium in typhus fever. Their arguments do not require any answer, and may, gentleman, be passed over in silence without any loss to you or prejudice to me, for certainly you could derive little profit from hearing the statements of my opponents, and I but slight credit from their refutation; suffice it then to say, that the prescriptions filed by the apothecaries of Dublin establish my claims, for you will search in vain among them for one, bearing a date prior to the publication of my papers on the use of tartar emetic and opium *in the advanced stages of fever*, and in which these medicines are prescribed in the way, or in any thing like the way, recommended and practised by me. Since that date such prescriptions have daily become more numerous, and I am proud to bear testimony to the general liberality of the profession, for the greater number of my brethren have not merely tried my plan of treatment, but have acknowledged its utility, and have hastened to assure me that until my publications, they had not seen it practised.—*Med. Gazette.*

Treatment of the Deaf and Dumb, (from THORNTON, on the Physiology and Diseases of the Ear.)

THE principles of the system I adopt are simply these:—First, That (notwithstanding the exordinary prejudice which, ascribing all congenital deafness to the formation of the organ of hearing, denounces the disease as incurable, and deprecates all attempts at relief as at once nugatory and fallacious,) a rational mode of cure ought to be at first attempted. Secondly, That the little patients be suffered to mix with those not similarly affected. Thirdly, That no symbolical mode of education should be adopted until the previous examination of the ear may have shewn the existence of such structural derangement or malformation as to exclude all hope of cure. Fourthly, That this examination and curative process should take place in early childhood. And, lastly, That no case should be relinquished as desperate until all means have failed to remove the defect, and the case is evidently beyond the reach of medical relief. In corroboration of the necessity of a most early attention being paid to the little sufferers, I may, perhaps, be pardoned in mentioning a fact of peculiar interest, and one well known to mothers — that many children have heard very

* He recovered rapidly and completely.

clearly at the time of teething, who afterwards became entirely deaf, and, consequently, dumb.

It would appear, therefore, in conformity with the mode of treatment adopted, and efficaciously pursued by others, that the first step necessary to be taken in attempting the cure and education of the deaf and dumb, is neither to plunge them at once amongst the common herd of those under a similar dispensation of wretchedness, as hopeless outcasts of society, nor to attempt their relief by the slow and unsatisfactory use of signs and symbols, or the painful utterance of scarcely intelligible sounds, for which there may be no present necessity; but to ascertain in early infancy, by trial and examination of the ear itself, whether there be any chance or possibility of so far affecting its delicate structure, by a judicious course of medical treatment, as to impart to it in the end the capacity of hearing. This examination may be easily accomplished, although, perhaps, not in the affecting manner adopted by a lady mother, who, having had the misfortune to be both deaf and dumb herself, was observed, during the supposed absence of the nurse, to stealthily approach her infant's cradle with a large stone in her hand, which she threw with considerable force upon the floor, and then fell upon her knees, with eyes and hands uplifted in gratitude to God, that her little one, by its instantly starting from its slumber in evident affright, had given the best possible proofs that it was exempt from the privations so severely felt by the mother. The cure may be slow in its progress, as the means used ought, necessarily, to be proportioned in mildness and gentleness to the delicacy of the organ they are designed to effect; but no case should be deemed hopeless until long and arduous trial may have proved its abandonment fully justifiable: it will be time enough to consign them over to other hands when all possible means have failed, and that hope extinguishing word *incurable*, shall have been appended to their names.

In carrying these means into due effect, it will be expedient also that proper accessories be used to render them available, otherwise every endeavour made to promote a cure may be rendered vain and nugatory. For, first, the general health and comfort of the little patients require the most sedulous care and watchfulness: it will be expedient, therefore, that they should be placed in the bosom of some family residing in a cheerful and healthy neighbourhood, and where the watchful eye of medical care and attention may be continually over them. In the next place the curative process, although of the most simple and gentle character, is one which nevertheless, requires the most unremitting attention. Lastly, it will be expedient that every changing symptom should be duly observed, registered, and attended to, and that, as far as may be practicable, the perceptive should at all times go hand in hand with the curative process; indeed, so much need is there that every expedient should be duly tried in the way of cure, that every kind of soothing attention should be paid at all times, and under all circumstances, and that such a rigid care should be exercised as to their amusements, regimen, habits of body, peculiarities of feeling, temper, and disposition, and the mode of treatment, both curative and preceptive, that nothing short of a complete dedication of the whole energies of our nature to the important task can justify the hope of ultimate success.—*Lancet*.

Operation for Stricture.

SHEPHERD, æt. 54, a mechanic, of dissolute habits, was admitted into Westminster Hospital, under Mr. Guthrie, on Friday, the 16th June, with a stricture in the urethra, of long standing; he had frequent stoppages of his urine, but he was invariably relieved by immersion in the warm bath. These stoppages always arose from excess in drinking. When these paroxysms were not on him the stream of urine was but small, and had been so for many years.

On Sunday, the 25th instant, at night, he was visited with a paroxysm of retention of the above description. Mr. Bury Dasent had him put in a warm bath for half an hour, and an ounce and half of castor oil, with twenty minims of Battley's sedative solution, administered to him. During this time he was in the warm-bath, a catheter was introduced, but could not be passed into the bladder: after this he was put to bed, being easier, though not relieved of his urine; and he slept quietly till six o'clock in the morning: at that time Mr. Dasent placed him in a hip bath, without affording any relief; no catheter of any size could be passed into the bladder. At 1, P.M., Mr. Guthrie attempted again to draw off the urine by means of the catheter, but without success. The patient had then great anxiety of countenance; the bladder was distended, and as high up as the umbilicus; the perinæum was tumefied, and painful to the touch, the penis was red and swollen, and a good deal of fever was present. Mr. Guthrie ordered twenty leeches to the perinæum; poppyhead fomentation to the loins, and an injection consisting of a drachm of liquor opii sedativus, and a grain of gruel: these remedies produced temporary alleviation only.

At half-past 6, P.M., Mr. Guthrie saw him for the second time; all the symptoms were aggravated; Mr. Guthrie immediately made up his mind to operate. The patient was placed on the table in the position proper for lithotomy, and held by assistants. Mr. Guthrie introduced a catheter (No. 8,) as far as the stricture, and an assistant firmly held it there. The operator placed his left-hand index finger in the rectum, in order to ascertain the exact seat of stricture, and kept it there: he made a transverse incision in the perinæum, an inch and a half above the anus, and penetrated through the several fasciæ to the seat of the stricture in the membranous portion of the urethra, and then divided the stricture; he passed the catheter, and drew off three pints of urine, the last portions of which were highly ammoniacal. The patient was of course signally relieved, and then, after being dressed with a simple pledget, he was placed in bed, and twenty-five drops of Battley's solution were given.

27th June. The patient had a good night, and is to-day totally free from pain. He passes his water both by the perinæum and penis.

28th. Had a good night without any opium; this morning untoward symptoms appeared; he had pain in the penis; all the water came by the perinæum. In the course of the day the symptoms deteriorated, and towards night the penis was tumefied and very painful; he had anxiety of countenance, great thirst, and heat of skin. Mr. Dasent, the house-surgeon, gave him half a grain of acetate of morphia in a pill, his bowels being previously opened by castor oil, and fomentations were locally applied.

Feb. 26.—Six grains of Laming's extract of the ergot of rye to be taken directly, and to be repeated every morning. The fifth dose of the extract effected a cure: the first two doses caused sickness, and produced a trembling over the body which lasted for four hours.

CASE 3.—March 4th, 1837.—Ann Collins, æt. thirty-seven, mother of seven children, has had the whites since she was twelve years of age. Complains of no pain, and is in other respects in excellent health. The discharge reddens litmus paper. Six grains of Laming's extract of the ergot of rye to be taken every morning.

March 7. The extract produced nausea four hours after it was swallowed; the second dose effected a cure.

REMARKS —In the first of these cases it will be seen that the patient was admitted on the 15th of February, and cured on the 20th of the same month. In the second, the cure which was effected by Laming's extract was equally rapid; and in the third, the second dose of this gentleman's extract was perfectly successful. The extract of the ergot of rye, prepared by Mr. Laming, as well as all the other extracts obtained from this gentleman's laboratory, cannot be too highly praised; and I am fully convinced (from numerous experiments which I have made with them) that when they have been fairly tried, the extracts formed by the common cooking process will not be again resorted to.

I could with ease multiply examples in which the ergot of rye has been successful in cases of leucorrhœa, but I think it unnecessary, as it is not my intention to occupy any more space than is absolutely indispensable to draw the attention of my professional brethren to the more frequent employment of the ergot in cases which appear to depend on a relaxed state of the uterus. When leucorrhœa derives its origin from an ulcerated condition of the neck of the uterus, which it often does, no good whatever can be derived from the employment of the ergot of rye; on the contrary, it always tends to exasperate the disease: cases of this description generally yield very readily to the nitrate of silver injection. Should the discharge come entirely from the walls of the vagina, and be decidedly of an acid nature, which it generally is (although sometimes it is either neutral or alkaline,) the injection of a solution of carbonate of soda, as prescribed by Dr. R. D. Thomson, will frequently answer admirably.—*British Annals of Medicine.*

Dr. O'Beirne's Plan of rapid Mercurialization in certain affections of the Joints.—Different Applications, by DR. GRAVES.

AN extensive experience and deep reflection first led Dr. O'Beirne to think that the acute stage of scrofulous inflammation of the hip and knee joint might be made amenable to active and energetic treatment; in other words, that inflammatory affections of the joints, which terminate in some of the worst and most fatal forms of disease, namely morbus coxæ and white swelling, might be checked *in limine*, and before the stage of hopeless ulceration was established. He therefore proceeded boldly and at once to try whether the disease might not be arrested in the commencement by rapid mercurialization.

Observe, gentlemen, this idea was completely new, it had never occurred to any other person, and was diametrically opposed to the theories of the day. The prevailing opinion on this subject was, that mercury was inadmissible, and could only produce mischief in persons of the scrofulous diathesis. Every one said, do not give mercury in such a case, it exacerbates scrofula, it even brings on scrofula in many instances where there had been no appearance of it previously; you can do no good with it, and may do infinite mischief. Dr. O'Beirne, however, knew the difference between the proper and improper exhibition of mercury—between mercurializing the patient at once and fully, and then stopping, and the pernicious custom of giving long and irregular courses of mercury. He tried the remedy and succeeded, and the surgeons of Europe have justly appreciated the value and importance of his discovery. About two or three months before Dr. O'Beirne made his discovery public, I had translated, for the Dublin Medical Journal, a paper from a German author on the use of corrosive sublimate in baths, in the treatment of white swelling, and Dr. O'Beirne states that the publication of this paper gave him courage at the time in pursuing a plan of treatment so much at variance with the opinions of the day. I published this paper, however, at the time merely as a curiosity; it was a novelty in practice of which I had no experience, and could not offer any explanation. This was reserved for Dr. O'B. He has shewn in his memoir on the subject, that if you give mercury so as to affect the system rapidly, you will frequently succeed in curing the disease, particularly in the commencement.

From this I was led by analogy to apply the same principle of treatment to incipient scrofulous inflammation of the lung, and I think I have often succeeded in checking at once this most formidable of human maladies. Phthisis, as every medical man knows, is capable of assuming a variety of forms, and presents at its origin much difference of aspect. In some, it arises slowly and insidiously, and the pulmonary symptoms are so quietly and gradually developed that it would puzzle an intelligent practitioner, who had the most ample opportunities of observing his patient from the beginning, to say at what particular period distinct evidence of danger had been noticed. The reason of this is because the tubercular affection of the lung is in such patients only of secondary importance, the disease which produced it having affected the whole system before the lung was contaminated. This happens in some, but in others an opposite train of phenomena is observed, and scrofulous inflammation commences in the lung before any general contamination of the system has taken place. It is in such cases, and such only, that mercury ought to be tried, and it will avail nothing except where the commencement of the scrofulous inflammation of the lung has arisen suddenly, and in consequence of the operation of some obvious cause, as catching cold or the occurrence of hæmoptysis. I think that too much stress has been laid on the affection of the lung by writers on phthisis. In some cases (I will admit even in the majority of instances,) the disease commences in the lung, but in others it passes through many changes and affects various organs before it attacks the lung. You will frequently see persons labouring under scrofulous irritation, accompanied by hectic, emaciation, loss of appetite, and excitement of pulse, long before you can find any trace of tubercular deposition in the lung. I am of opinion that many persons would die of phthisis even supposing they had no such organ as the lung.

matter to open the sac safely. You must scratch very carefully with the point of the knife held in the hand unsupported, and if you see any portion of omentum or a *pellet* of fat shining through the sac, that is the part to choose for puncture.

The protruded parts are now to be examined with the intention of deciding upon the treatment to be pursued in regard to it. It may be found tender in some part of the peritoneal surface, or when it may have given way, its contents may be found mixed with serosity in the sac. In this case the stricture is to be divided with great care, for in such a case, where the bowel has become livid and gangrenous, nature has taken care to glue the parts together within the neck of the sac by a deposition of plastic lymph. Instead, then, in these very bad and unpromising though not entirely hopeless cases, of disturbing the parts by attempts to return the bowel, it will often be prudent, after dividing the stricture, to enlarge the opening in the bowel, so as to permit the fecal matters within the upper portion within the abdomen to escape. If, on the contrary, you find upon examining the bowel, that it is in a healthy state, and capable of being returned into the abdomen, you set about relieving the stricture. When the bowel is not tender, and there is no appearance of sloughing, you can easily pass up your forefinger to the situation of the stricture. The finger being introduced to the neck, and the edge of the nail insinuated under the sharp edge of the ring, the knife is guided along its palmar aspect until its point is introduced into the ring under the stricture, and by slightly raising the knife the ligament of Gimbernat is cut to the extent of about two or three lines, which is generally sufficient to allow the bowel to be returned, and to relieve the stricture upon it.

Before relieving the stricture, you should be careful in ascertaining by means of the finger, whether there are any pulsating vessels immediately behind that part of the stricture to be divided. Sometimes the obturator artery is given off by a short trunk, common to it and the epigastric. In that case it lies behind the stricture; in other instances it is given off from the epigastric by a long trunk, and completely embraces the neck. Hæmorrhage from either of these, or from either of these sources, or from small anastomosing branches might prove fatal.

It is necessary to place the patient in a proper position, to effect reduction after the division of the stricture, to bend the thigh upon the abdomen, &c., and to empty the contents of the bowel, as in taxis, proceeding with great care and gentleness.

The duty of the surgeon is not yet completed. It is necessary now to take precautions for preventing the escape of the bowel, after it has been returned, which it would do if the patient were allowed to move about, or to use the abdominal muscles to any extent.

It is essentially necessary to place a compress of lint over the wound, and secure it by means of a double-headed roller in the form of the spica bandage, the edges of the incision having been previously brought together by a point of interrupted suture.

You must now take means for getting the bowels open. In some cases, after this operation has been performed, the symptoms of strangulation still present themselves, owing to the intestine being contracted and remaining indented where it has been nipped, or rather pressed against the sharp edge of the stricture.

gets a bad bronchitis or pneumonia, exacerbates it by neglect, and is threatened with hectic, what is the best plan you can pursue? My impression is that you should treat it as you would treat acute scrofulous inflammation of the knee or hip-joint; in other words, that you should mercurialize your patient rapidly and at once: do it suddenly and decidedly, but without pushing the mercury too far, and you will often arrest all the symptoms of the disease as it were by a charm. I could mention many cases which have been treated successfully in this way. I was very much struck by the case of two eminent medical practitioners who came to Dublin within this last year to place themselves under the care of Dr. William Stokes and myself. One was a person of scrofulous habit, who had caught cold after taking mercury, and neglected it for three weeks. At the time we saw him he laboured under severe and harassing cough, considerable fever and emaciation, and was greatly alarmed about his condition. He had been several times leeches over the trachea by Dr. Stokes, but this, although an admirable remedy in many cases of bronchitis, failed in producing an amelioration of his symptoms, and from the persistence of his feverishness, emaciation, and harassing cough, serious apprehensions were entertained that his disease would terminate in phthisis. Having explained to our patient our views of the case, and our impression that mercury was the only remedy on which we could rely with any hopes of success, we ordered him to confine himself to his room, continue the application of leeches to the trachea, and take mercury. Now as this gentleman had come up to town under the impression that he was consumptive, we found some difficulty in persuading him to submit to this mode of treatment. He yielded, however, but with great reluctance. In the space of a week all his bad symptoms had nearly disappeared. As soon as he came under the influence of mercury the cough became notably diminished, and he recovered flesh and strength with surprising rapidity. The other was a physician from the north of Ireland, who was suddenly attacked by pulmonary apoplexy, and in a few weeks came to Dublin, harassed by a constant dry cough, which prevented sleep at night, and he was visibly emaciated and anxious. In him no hereditary tendency to phthisis could be ascertained, but nevertheless Dr. Marsh, Dr. Stokes, and myself, considered the case as very unpromising, for although there was no acceleration of the pulse, the breathing was easily disturbed, and we could detect crepitus and some dulness above the right mamma, where it was evident the original seat of the hæmorrhage had been. This case, too, which had resisted a mere antiphlogistic treatment, yielded in a most satisfactory manner to mercury.

Bearing these facts in mind, I think, gentlemen, you will be prepared to admit that mercury is a most valuable remedy in the treatment of scrofulous bronchitis and scrofulcus pneumonia—diseases which too often resist ordinary modes of treatment, and which are unfortunately so often followed by fatal disease of the lung. Where a sudden attack of cold has produced inflammation of the substance or lining membrane of the lung in a person of scrofulous habit—where the attack is recent, and has occurred under circumstances which preclude any suspicion of previous tubercular disease—in such a case as this you will find mercury a most admirable remedy in checking symptoms often not amenable to other plans of treatment, and which if neglected or maltreated would in all probability end in phthisis. I was led to the adoption of this plan by the success which has attended

Dr. O'Beirne's practice in acute scrofulous inflammation of the joints, and from observing that cases of unmanageable chronic bronchitis had been occasionally cured perfectly where mercury had been exhibited for other affections; and it is a curious fact that about the time I had fallen upon this mode of treatment, it suggested itself likewise to the minds of Dr Stokes and Dr. Marsh, who can testify its utility: of course it will not succeed in all cases; and I have seen it fail in two where I had confidently expected benefit. Notwithstanding this it is a most valuable addition to our resources in certain cases that would end in phthisis.

About a year ago I attended a young gentleman, apparently of robust constitution, who died of phthisis ushered in by a frequently recurring hæmoptysis. Shortly after his death, Mr. William Grady, one of our most diligent and intelligent pupils, called on me to visit the elder brother of my former patient. He had a constant hard, dry, and very distressing cough which deprived him of sleep, and having continued many weeks had produced a most formidable degree of emaciation. Consumption was naturally dreaded. His pulse, however, was normal, and the stethoscope did not indicate any pulmonary lesion: still, as the case had refused to yield to all the ordinary remedies, including change of air, we felt very apprehensive as to the result. I confined him to bed, applied leeches over the trachea several times, and rapidly mercurialized him, and with complete success. He has continued well ever since.—*Medical Gazette*.

On the efficacy of Tartar Emetic and Opium in Fever with much cerebral disturbance; illustrated by Cases.

By PROFESSOR GRAVES.

At my last lecture, I alluded to the use of tartar emetic in the treatment of the cerebral excitement and determination to the head, which are so frequently witnessed in the advanced stage of the present epidemic, typhus; I shall now proceed to mention some of the beneficial effects derived from this plan of treatment, as illustrated by cases which recently occurred in my own practice, or in that of other members of the profession.

Did I bring forward this plan of treatment as infallible, or if I boasted that it never failed, then indeed you might well doubt my judgment in recommending it to your notice, for infallible remedies never earn the sanction of experience; but such is not the fact. This treatment we ourselves have seen will not always succeed; nay, we must acknowledge that it has occasionally disappointed us even where we seemed justified in calculating upon success. But, gentlemen, we must recollect that every useful remedy is subject to the same charge, and that in the long list of therapeutic agents, there does not exist a single medicine which is fairly entitled to the appellation of a true and infallible specific.

We have failed in several cases with tartar emetic, either alone or combined with opium and other medicines, and patients labouring under typhus have fallen victims to cerebral disease, although we applied the remedy with all due diligence. Yet I think it but fair to observe, that most of the instances in which we failed were cases that had come under our notice at an advanced stage of fever, and where the cerebral symptom

had been wholly overlooked or improperly treated in the commencement of the disease. I may observe also, that cases of this description, in which the cerebral symptoms have been permitted, before admission into hospital, to form themselves fully, are exceedingly difficult to manage, and terminate fatally at a much earlier period than the ordinary cases of typhus observed in private practice.

Maculated typhus with determination to the head, when improperly treated, terminates not unfrequently about the tenth, eleventh, or twelfth day; sometimes it is protracted to the thirteenth or fourteenth, but most usually it ends fatally about the eleventh or twelfth. In neglected cases, the cerebral symptoms frequently assume a fearful violence on the seventh, eighth, or ninth day, and in such instances it must be expected that the best and most appropriate plan of treatment will fail in rescuing the patient from impending dissolution. If, however, we can find out a remedy, which, in many cases apparently desperate, succeeds in rescuing the patient from the jaws of death we must be satisfied. A case of this description has occurred since our last meeting. It has excited the attention of all who witnessed it, as well from the violence of the symptoms, and the apparently hopeless state of the patient, as from the rapidity with which the exhibition of the remedies employed was followed by a striking and decided alteration in the symptoms. Any one who saw him yesterday, would scarcely recognize him as the same individual to-day.

This man, named Fogarty, was admitted about the seventh or eighth day of his fever, according to the account of his friends. Of course, in such cases, we cannot give implicit credence to those loose statements, for the lower class of persons in this country never calculate the time during which the patient remains out of bed struggling against the disease,—a period which, in a people inured to suffering and privation, frequently lasts three, four, or even six days. Well, this man, aged five-and-twenty, and of rather robust constitution, was admitted on the 20th of December, being then about eight or nine days ill. Previous to admission he had taken purgative medicines, had his head shaved, and six leeches applied behind his ears, or to his temples, I forget which. Now all these measures, although perhaps insufficient, were extremely proper, and must have produced more or less benefit. When we examined him on the 21st, we found him in a state of high excitement, as manifested by continued mental wandering, incessant talking and raving, and frequent attempts to get out of bed. He had illusions of the senses of sight and hearing, consisting of terrific ocular spectra,* and alarming sounds, which threw him into a state of intense agitation; his eye was red and watchful, and he never slept. Here then was a very threatening array of symptoms;—perfect insomnia, ocular spectra, illusions of the sense of hearing, a fiery eye, and incessant mental wandering. To this was added, great derangement of the whole nervous system; his body was agitated from head to

* In a former lecture I mentioned that analogous symptoms result from increased or diminished sanguineous pressure on the brain; the ocular spectra in Fogarty's case evidently depended on determination of blood to the head, but in the case of a lady, the wife of an eminent physician, a continued and varied succession of spectral illusions formed one of the chief symptoms, produced by exhausting hemorrhage after delivery.

the vein, and in applying to the foot a poisonous substance in the short space of a few minutes, the effects of the poison functions of the animal were most distinctly apparent. argued that in this case there was no mode of communication which the poison could be conveyed from the extremity centre of the system except the vein, and that, therefore, must have acted as the absorbing vessel. The experiment rendered more striking, and, as was conceived, more concluding dividing the blood vessels themselves, and introducing tubes between the divided ends, through which alone the currents of the arterial and venous blood respectively could forming the communication between the extremity and the animal; yet, under these apparently unfavourable stances, the deleterious effects were manifested on the system the former case. Experiments of this description appear been sufficiently multiplied to establish the fact, that the poison in these cases passed along the vein, and was conveyed in the mass of the blood. Another fact, several substances disappear on surfaces on which they have been placed.

It is easy to ascertain this fact by placing the substances on a small metallic globe adapted to the surface, and invariably Some substances leave a sediment, even among the vegetable alkali; others disappear completely.

In order to support the absorption of the dermis, I shall bring forward Clark's assertions, who pretends that he quenched their thirst by placing their feet in water; nor Sydenham who states that he saw the level of the water descend, in a bath where a feverish individual placed his feet; nor of Paracelsus who asserts that he has supported patients by nourishing bath of the feet. See also those of Fontana, Gorter, Keil, and Richter: the latter

symptoms were evidently diminished, and that there was a tendency to returning tranquillity and repose, and I wished to follow up and assist the operations of nature. To day this man is in a most favourable state. His skin is covered with a profuse warm perspiration, he has slept well, belly soft and natural, respiration slow and regular, and pulse diminished in frequency; he is calm, rational, and composed, and I think I am not too sanguine in anticipating for him a speedy and certain recovery.*

It is always an unpleasing and ungracious task for any individual to be obliged to come forward with proofs of the originality of his contribution to science: this task some have endeavoured to impose on me, and have sought to impugn both the originality and utility of my method of using tartar emetic and opium in typhus fever. Their arguments do not require any answer, and may, gentleman, be passed over in silence without any loss to you or prejudice to me, for certainly you could derive little profit from hearing the statements of my opponents, and I but slight credit from their refutation; suffice it then to say, that the prescriptions filed by the apothecaries of Dublin establish my claims, for you will search in vain among them for one, bearing a date prior to the publication of my papers on the use of tartar emetic and opium in *the advanced stages of fever*, and in which these medicines are prescribed in the way, or in any thing like the way, recommended and practised by me. Since that date such prescriptions have daily become more numerous, and I am proud to bear testimony to the general liberality of the profession, for the greater number of my brethren have not merely tried my plan of treatment, but have acknowledged its utility, and have hastened to assure me that until my publications, they had not seen it practised.—*Med. Gazette.*

Treatment of the Deaf and Dumb, (from THORNTON, on the Physiology and Diseases of the Ear.)

THE principles of the system I adopt are simply these:—First, That (notwithstanding the extraordinary prejudice which, ascribing all congenital deafness to the formation of the organ of hearing, denounces the disease as incurable, and deprecates all attempts at relief as at once nugatory and fallacious,) a rational mode of cure ought to be at first attempted. Secondly, That the little patients be suffered to mix with those not similarly affected. Thirdly, That no symbolical mode of education should be adopted until the previous examination of the ear may have shewn the existence of such structural derangement or malformation as to exclude all hope of cure. Fourthly, That this examination and curative process should take place in early childhood. And, lastly, That no case should be relinquished as desperate until all means have failed to remove the defect, and the case is evidently beyond the reach of medical relief. In corroboration of the necessity of a most early attention being paid to the little sufferers, I may, perhaps, be pardoned in mentioning a fact of peculiar interest, and one well known to mothers — that many children have heard very

* He recovered rapidly and completely.

applied to that region, and when the blister was taken off, a g morphia was introduced; the patient slept well, and was bet next day.

Nevertheless, he gradually wasted away; his suffering thirst increased, and he died the 5th of December, at eight morning.

A post mortem examination being refused, it was imp to ascertain the extent of the disorder in the stomach and œ gus, but it was evident that the walls of this canal for stoppage, and prevented the liquid passing. It is probabl had an œsophagian sound been introduced in the early stag fatal complication might have been averted.

Absorption has always appeared to us more active in the i than in the external part of the limbs; on the anterior, rather the posterior part of the trunk; in those who have a fine d skin, rather than those of dark thick complexions. It seems t had more effect in the evening, or at night after bathing, and the digestive tubes are empty; and if we are not mistaken more energetic in damp than in dry weather; in warm than i weather. As to the mode of absorption, we think the sub penetrate at first by imbibition in the cellular spaces; or th have a direct action, and that taken by the lymphatic and extremities, they go through all the organs, with the circ system.

This hypothesis has been suggested by the observation of patients, among whom the acetate of morphia immediately pr calm on the absorbent parts, while the general effects, s pruritus, somnolency, contraction of the pupils, are only m half an hour afterwards.

Among other individuals treated by these applications on s distant from the seat of pain, the local sedation only took after a long interval, and at the same time as the genera nomena.

INOCULATION.

“If,” says Lafargue, “after having steeped the poin lancet in morphia, previously mixed with water, it be intr almost horizontally under the epidermis, to the depth of a line and a half, in the same manner as for inoculation; in a minute and a half the following effects may be obs—a small papula arises, accompanied by slight hea pruritus. In fifteen or twenty minutes the papula has rapid progress; it has at least four lines in width, and a breadth; and is, therefore, very flat; its complexion is more animated than what is natural to the skin; it is ha aureola circumscribing it, is very red, and about an inch half in diameter; the heat has increased, but the prur

nearly the same. In the course of the first hour the papula and aureola are at the apogee of their development; after which the colour fades, and the pimple decreases; two or three hours afterwards, the redness has quite disappeared, the papula considerably diminished, but not entirely removed till twelve or fourteen hours later.

When there are several punctures made within an inch of each other, the results, as to the size of papula are speedy, but the aureola meeting, there is erythema, great heat, and pruritus.

It is curious to observe the large papula disseminated on the red surface of the skin; which might be mistaken for a discreet variola, as the puncture in the centre of the papula gives the aspect of a pustula. This erythema, however vast it may be, disappears in the same space of time as the aureola with only one single papula. The following day there remains only the traces of the punctures of the lancet; eight or ten days later, the skin peels off, and there is no farther trace; an important circumstance, to which we shall again refer. The more delicate the tegument, the more apparent are the phenomena described, which are always developed with more intensity near the joints.

But does this sort of inoculation only produce local symptoms? Could not morphia, transmitted into the torrent of circulation, exercise general influence on the economy, and act on distant organs? These questions I shall answer by a fact. After having made thirteen pricks on the anterior part of the fore arm, taking care, after each incision, to plunge the point of the instrument into the narcotic paste, I felt, in the course of an hour and a half, great heaviness, frequent yawning, my mouth was dry and pasty, and the pupils *much dilated*; I could scarcely keep myself awake. What then would have occurred, had I increased the quantity? I had only employed a quarter of a grain of hydrochlorate of morphia.

The interpretation of this fact will lead us to useful practical considerations; for the future, we have a new mode of introducing morphia by the endermic method; inoculations may be a substitute for blisters of cantharides, and those blisters known by the name of ammoniacal. The first are free from danger, but are not favorable to the absorption of the medicament: the second, on the contrary, make it pass rapidly into the sanguine system; but in unskilful hands, they produce eschars and disagreeable marks; they are besides very difficult to establish; the salve used for this purpose, is quickly evaporated, and its strength diminished. It will then be desirable to substitute the inoculation of morphia, for the vegetable alkali, on ammoniacal blisters; as in making a number of punctures, analagous results ensue, without exposure to having the skin marked. The pain caused by each of these slight incisions is so slight, that it cannot possibly be thought an objection.

But it is when a local sedative action is required from morphia, that the endermic method may be considered far superior to any other. The large papula, erythema, heat, pruritus, all prove that this medicament exercises a most energetic therapeutic power, particularly around the parts where it was introduced.

Of what resource will not this method prove in superficial neuralgia; as for instance, in the occipital nerve, the frontal nerve, the sub-orbitary nerve, the inferior dental nerve, the intercostal nerves, the cubital nerve? I cured myself of a neuralgia of the external branch of the dental nerve, by making on the face ten punctures with the lancet three times a day. I was immediately relieved, and have never since felt anything of the kind. This method is so much the more advantageous, as the pain may be attacked the whole length of the nerve. To follow it in its smallest ramifications, in spreading the remedy on the whole anatomical surface of the diseased nervous cord. The same advantages will be derived in the treatment of chronic articular rheumatism; and besides the narcotic influence, the medicament has the power of producing a revulsive action on the papula and erythema attendant on the inoculation.

Will not this method prove most useful to combat the acute pain so often succeeding zona, even long after the disappearance of the vesicles? Will not this medication be eminently useful to combat the pruritus, which occasions such uncomfortable sensations? and will not relief be given in many cutaneous affections? I gave great relief to a poor patient, by making him sleep; he had a chronic eczema; around which I made about twenty punctures with a lancet, the point of which was impregnated with sulphate of morphia. This vesicular herpes was seated at the upper part of the trunk, and accompanied by such itching, that the patient could get no sleep. This new method is a most invaluable therapeutic agent, and can be strongly recommended; and it is so simple, that there can be no excuse for not having recourse to it.

I do not doubt but various pains seated in the lower jaw may be neutralized, by imitating the treatment employed in cases of neuralgia of the external branch of the nerve, following the lower maxillary canal. In this instance, there are two motives for success: 1st, the derivative action of the papula and erythema, which stimulates a species of swelling, or which contributes to form it. I presume this idea will appear less speculative, if it be remembered that the pain in the teeth ceases as soon as the swelling begins to be developed.

The inoculation of rough opium, and the bare extract of Rousseau's laudanum, and of Sydenham's; in a word, of all the pharmareutic narcotic preparations, cause the above mentioned phenomena with scrupulous exactness. *Codeine* inoculated, produces precisely the same results as morphia.

The inoculation of extract of belladonna and stramonium datura,

brings, in a minute and a half, a papula six times as large as that of morphia; it is more globulous, and scarcely surrounded by erythema. We have, therefore, already noticed different products.

The inoculation of strychnine; of this active vegetable alcali, in the course of two or three minutes gives a papula, smaller than the two last extracts; it scarcely rises above the level of the skin, and there is not the slightest trace of erythema around it. Repeat the experiment, and you will be convinced of the truth of this statement, which seems almost to exceed belief. Slight pruritus is felt, but no heat; blue ecchymosis, two lines in diameter is seen; the next day it becomes very red, and disappears in less than a week.

The inoculation of sulphate of quinine, gives results still more negative than those of strychnine; the papula is scarcely apparent; no erythema, no heat, no pruritus; the following day, under the punctures, blue ecchymosis, which does not become red, as in the previous case. I do not mean to say, these four latter may not exercise local influence, when placed under the epidermis, and that they do not afterwards reach the circulatory current. I firmly believe the contrary, and am convinced that inoculation of strychnine would be very useful in certain saturnine paralysis of the limbs, the eyelids and retina. But what we mean to point out is, that none of the agents develop local symptoms analogous to those of morphia, and narcotic mixtures.

Practical considerations on the causes of MISCARRIAGE.

By M. DUBOIS, *Hôpital Clinique de la Faculté.*

In the two first months of this year a great number of females were threatened with miscarriage, and M. Dubois remarked, that it is necessary to have the most correct notions on this subject, in order in cases of necessity to make use of all the resources of therapeutics. There are two species of miscarriage, the premature expulsion of the produce of conception, and the necessary destruction of the produce.

Everything that brings the uterus to contract prematurely, or destroy the foetus, may cause miscarriage. In the first place, we must consider the causes that chiefly depend on the mother, such as mechanical irritations, to which the uterus may be exposed. The shock of a fall may suffice to produce such a result; vomiting or violent coughing may also do the same. A pessary not removed, the cauterization of the neck of the uterus, may also bring on premature confinement.

There are other species of causes which should be noted. The

uterus cannot be confined in its development without the fibres being contracted. Women who strive to conceal their pregnancy, and who wear tight stays are exposed to miscarriage; it is the same with those who have an inclination of the womb. Too great a quantity of water of the amnios may produce a like result.

Sometimes in cases of pregnancy there are vascular ruptures on the internal surface of the uterus, the result is a slight discharge of blood which accumulates between the foetus and the womb, and causes miscarriage. This hemorrhage may be produced by local plethora, particularly at the period of the menses: we may also recognize as a cause the blows or falls to which we have alluded, or any violence that may disturb the uterus and cause the death of the child, brings on hemorrhage, which is so common a cause of miscarriage.

There are other causes less frequent, but not less worthy of attention: pregnant females who have seen a thunderbolt fall, soon felt symptoms of miscarriage, either owing to fright or electricity; the same result has been produced by electric fluid escaping from the bottles of Leyden.

Irritations are sometimes transmitted sympathetically; thus it is not uncommon for the womb to be contracted during the course of an inflammation of the bladder or other neighbouring organs.

For the uterus to be suitably developed it must be in a normal condition, its tissue not altered, and in a state to yield suitable extension. In too young a female when the organs are not developed, miscarriages are frequent; it is the same case with women who have arrived at an advanced period of life without having children. Diseases of this organ produce the same result; fibrous bodies, ulcerations of the neck of the uterus, polypous tumours, are so many causes of habitual miscarriage.

Sometimes it is in the whole organism that we must seek the causes of the accident that occupies us. Thus severe diseases may destroy the foetus, or act on the constitution so as to produce uterine contractions. Convulsions, chronic diseases, when their progress is not arrested by pregnancy, seldom suffer the foetus to reach its full term. The acute diseases of the mother, eruptions from scarlatina, but principally from variola, frequently bring on miscarriage.

There is one common cause of excitement, of which the practitioner should never lose sight—it is habit. We are aware of the tendency of some organs to produce the same acts at certain periods.

The uterus is evidently subjected to this law; and when women have once miscarried it is sufficient to induce a tendency to contract again at the same time, without attributing the accident to any other cause.

Moral impressions have a striking action on the contractions of the womb. They sometimes arrest the discharge of the menses and even labour pains; under other circumstances they produce

opposite results, and before the usual time, bring on either the monthly discharge or the expulsion of the produce of conception.

We must now give an opinion of bleeding, as a cause of miscarriage. It was formerly much more the practice to bleed during pregnancy than it now is. To bring on contractions of the womb bleeding must either be profuse or too frequently repeated. Bleeding only once, might, if it were accompanied by fainting, cause a miscarriage. It is therefore well to avoid profuse bleeding for pregnant women. It is better only to take a little blood at a time, and to renew the operation frequently if it be necessary.

Among the class of causes of miscarriage may undoubtedly be placed certain epidemic influences. All good practitioners have remarked that miscarriages were much more frequent at certain periods than at others. Thus in 1696 there was an epidemic of miscarriages at Paris. There was one also in 1811, and another in 1831; in 1816 there was one in the hospital at Strasbourg, and two years since, one at the Maternité. It cannot therefore be doubted that the influence of an epidemic induces the development of premature uterine affections, or rather the death of the foetus.

The death of the child in its mother's womb is the second division of the causes of miscarriage. Thus all external violence, mental impressions, may determine death, yet it would be difficult to explain what passes in these cases; but experience has too often proved the fact. Is it not generally known that violent mental impressions have turned a nurse's milk, and that children have fallen victims to it, having severe attacks of convulsions after taking the breast? Is it therefore more surprising that when in their parent's womb, they should be under the influence of any violent passion which may disturb the whole economy?

The death of the foetus may be the consequence of a disease of the mother. Chronic diseases, and particularly syphilis, destroy a vast number of children in the womb; miscarriages are very frequent in females who have any infection. The diseases of the father influence the children, and there are numerous instances of women who had several miscarriages, but never had a living child, until their husbands had undergone mercurial treatment.

The foetus is liable to have all these affections, independently of which it often falls a victim to imperfections in its development, or in the organization of the placenta. The death of the foetus may be caused by rupture of the membranes, as it is indispensable for this envelop to remain perfect for the foetus to reach its full term.

Of the SPINAL POINT, and its therapeutic value.

By M. CRUVELHIER.

PROFESSOR Cruvelhier has directed general attention to a new fact which serves both for the diagnostic and the treatment of some important diseases. He observed that frequently the diseases of the stomach, of the heart, of the liver, of the lungs, coincided with a pain in a fixed point of the vertebral column, varying according to the diseased organ; he called that pain, *dorsal point*.

Very few observers have failed to notice that stomach cramp of a certain degree of intensity, caused more or less pain at a level with the fourth dorsal vertebra. Some patients complain more of this latter pain than of that of the stomach; it is not only observed in this last affection, but also in ulceration and cancer of the stomach. In the hepatic colic the dorsal pain exists; it lies at the level of the eighth or ninth dorsal vertebra: in all sympathetic or nervous pains of the heart, with organic lesion, when they are intense, the dorsal pain troubles the patient more than the pains of the heart: it is felt on the level of the fourth or fifth vertebra: in the diseases of the womb, the pain is felt on the level of the second or third lumbar vertebra; and at the level of the sacral region, when the disease is in the neck of the womb.

But what is most important to practitioners, what has been taught by experience to Professor Cruvelhier, is, that the application of the therapeutic agents on the dorsal point, produces more prompt and powerful effects than when the therapeutic agents are applied on other parts; thus women affected with cancer of the womb are sooner relieved by the application of leeches, blisters, cauteries, on the dorsal point than by any application on the hypogastric region. We could corroborate this fact by our own experience.

The same observations are applicable to the dorsal pains, which coincide with diseases of the heart, of the lungs, of the stomach, of the liver.

Many patients considered incurable at the Hospital of the Salpetriere in Paris, were relieved by these means under the care of Professor Cruvelhier, and he relates many cases, from which the following is extracted:—

An old woman, who had a disease of the heart, came to the Salpetriere; she could not move, and was obliged to lie down on the bed; she had dyspnœa, suffocation, and a pain in all the internal region. In vain Dr. Cruvelhier tried all the means in his power to relieve the patient, as leeches, digitalis, blisters, and that during many months. He thought of the dorsal pains, and applied on this point a cauterium; the pain was limited to two dorsal vertebræ. After the application of the cauterium, the pain was relieved, the oppression

and suffocation disappeared. It is a year since she came to the infirmary.

Dr. Cruvelhier attributes the merit of the first idea of treating these diseases, to the lecture of an English paper; and he thinks that the viscera or ganglionic nerves, are not independent, but have their roots in the spinal marrow.

EFFUSION of BLOOD in the thickness of the RIGHT LABIA MAJORA.

M. Roux, *Hotel Dieu*.

On the 15th of June, a female, aged 27, of constitution lymphatico-sanguine, a dress-maker, came into the hospital. Her menses had never appeared, but occasionally there was a white discharge. She had had three children, and since her last confinement, occasionally felt pain in the lower part of the abdomen.

Three weeks since her last child was born; it presented itself in the second position of the vertex; the labour was not difficult.

After the placenta came away, the midwife found the uterus greatly distended, and thought this organ still contained something, perhaps a second child; she then resolved to introduce her hand in the interior of the genital organs, but could not recognize the presence of a body. An accoucheur was immediately summoned; he did the same as the midwife, and without any more favourable result. It was then supposed that there was a collection of stercoral matter, often met with in females just put to bed, but the tumour disappeared without any purgative having been given, or without abundant stools. It is therefore to be concluded that the womb had been indolent. However this may be, there was a small tumour in the right labia, with excoriation at the vulvular extremity of the vagina. The tumour was soft, there was fluctuation, and it extended on the right side of the recto vaginal coat. It would be difficult to decide whether this tumour was the result of too great pressure of the child's head, which was of the usual size, or the awkward manœuvres of the midwife. The patient has no fever, and her general state is good.

The tumour was opened by an incision on the lower part of the right labia, which gave issue to blood partly clotted; the patient was immediately relieved. A pledget of lint was put in the sore, and it was thus completely evacuated. The following day the tumour had quite disappeared, the patient had no fever, and complained of hunger, and wished to leave the hospital. The same dressing was continued.

This case is worthy of attention on account of its scarcity, uncertainty of diagnostic, and speedy and easy cure.

CHRONIC GLOSSITIS, with ulceration.

By M. BOYER.

A MAN aged fifty had his tongue so swelled that it hung out of his mouth; it was hard and dry. There were two ulcerations on the edges; but it would have been difficult to decide whether they were of a cancerous nature, as there existed no symptoms, no lancinating pains, nor anything to lead to this conclusion.

The disease was of long standing, but had greatly increased during the last three weeks; eight leeches were applied to the parts that protruded; a great deal of blood came away.

Six leeches were put on every other day, and cooling was prescribed; in the course of a fortnight the tongue had nearly regained its normal size. It can remain in the cavity of the mouth though still somewhat swelled, hard, and red. The ulcers increase a little, and have a syphilitic aspect: same treatment continued.

M. Roux recommended a small oilskin bag, to be put over the tongue, and keep the ulcers dry. The bag was tried, but the patient did not improve.

Every other day leeches were applied, put in a little bag and fastened round the tongue.

The juice of lettuce kept in the mouth, accompanied by the same treatment, gave excellent results.

The antiphlogistic system proved beneficial to the patient.

SWELLING of the TONGUE, with ulceration, cured by extraction of the teeth.

By M. BOYER.

A WOMAN of fifty had a large pimple on the end of her tongue which produced a swelling and lateral ulceration; what is at present existing is an enormous swelling, three times the natural size. There is considerable corrosion on the left side. There was a discharge of pus, but not of a bad nature, neither in appearance nor symptoms. For this ulcer does not bleed; it is not accompanied by lancinating pains, and the woman was positive she never had any venereal affection.

I examined the mouth on the side of the ulcer, and found two double teeth in a state of decay, the roots only remaining; it occurred to me that these might be the origin of the evil. I ordered them to be extracted, and the mouth to be continued to be gargled with the juice extracted from fresh lettuce, pounded and squeezed through fine linen. Galen always strongly recommends this last remedy in parenchymatous diseases of the tongue.

Observations on the Section of the Nerves in cases of obstinate NEURALGIC PAINS.

By M. BERARD.

THE following case will be found to have some interest, as the section of a diseased nerve suffice to remove neuralgic pains which had not been relieved for many years, notwithstanding the numerous remedies applied.

Eighteen or twenty years since a woman felt shooting pains the whole length of the left suborbital nerve, the cause of which was not ascertained. Since that period she has nearly always suffered, and exhausted all means of cure. A medical man at length cut the section of the sub-orbital nerve, but the operation was badly performed, and the fibres only were reached. The pain diminished a little, but as soon as the wound was healed they became much more intense. During the last three years she was at the Salpêtrière, in the following state:—

She felt lancinating pains continually; they were more severe every five minutes. The pain went from the cicatrix and spread all over the face; the muscles were convulsed, and the saliva was abundant; it fell from the mouth in great quantities. The patient was deprived of rest, grew very thin, and all her features were drawn. Galvanism was tried, and morphia applied according to the endermic method, but no relief was obtained. M. Berard resolved to make the section of the sub-orbital nerve. The operation was performed in the beginning of May. M. Berard made a transversal incision in the basis of the orbit, about an inch and a half in length; another perpendicular incision was made down to the maxillary nerve, and nearly of the same length as the former; there was a wound the shape of a T, the angles of which were reversed from top to bottom; the sub-orbital part was laid open; all the nervous filaments that came out were separated with the probe, and some about four lines in length were cut away. The patient felt excruciating pain during the operation, but it was speedily allayed, and all the parts that were painful became insensible. The edges of the wound were kept apart with lint, to prevent healing by first intention; they were afterwards drawn together with strips of diachylon plaster; the cicatrization was slow, for part of the bone that had been denuded, came away. Lancinating pains again came on, but they disappeared, and since that period the woman has been quite cured.

An old man had suffered great pain in the branches of the nerves of the chin. He had been into nearly all the hospitals in Paris, where all the usual remedies had been tried without effect. At the Hospital of St. Louis, an attempt had been made to cut the nerve

through the posterior part of the lip; the pain was removed for a few days, but soon returned.

On the 9th of September, 1835, the patient was still in the hospital, the pains came on with intensity, they were lancinating, and accompanied by a sensation of numbness, from the edge of the under lip, and all over the right cheek. The muscles were convulsively contracted, and the other side of the face free from pain.

M. B. performed the operation on the 11th of September; he made the section of the nerve nearly in the same manner as in the preceding case; he laid open the chin, he cut the nerve away; the portion taken off was about as large as the median nerve. The patient did not suffer after the operation, and the parts near the nerve lost their feeling; some shooting pains came on, but quickly passed off. At the end of November the wound was healed, and the patient was wholly free from pain.

GLANDULAR CONGESTION, and WHITE SWELLINGS; remarkable efficacy of Muriatis Barytæ in strong doses.

By M. LISFRANC.

THE effects of strong doses of muriatis barytæ have been lately so remarkable that they almost exceed credence. A great number of patients of different ages are treated and cured with extraordinary rapidity, whether the affections be lymphatic or glandular. We shall merely relate a case of the kind.

CASE.—A child, ten years of age, had a large glandular tumour on the anterior part of the left axillary region. A surgeon had proposed an operation with the knife, which he supposed to be the only means of cure. M. Lisfranc prescribed,

1st. Four grains of muriatis barytæ a day, in four ounces of distilled water.

2nd. Local frictions of salve of hydriodate of potassium.

3rd. Soothing plasters.

After three days' treatment the tumour had considerably decreased, and appeared divided in separate lumps. The same treatment was continued, and the child recovered in less than a month.

Another child, with hyperostosis of the inferior extremity of the radius, was treated in a similar manner; the improvement was remarkable.

White swellings of the knee, the elbow, the wrist, in adults, have also been cured by the same means, with or without ankylosis. The dose of muriatis barytæ for these patients has been as high as 28 grains per day, in the space of two months.

ions on ULCERATED BUBOES, cured by ferruginous preparations.

By M. CULLERIER.

nonths since several wards in the venereal hospital contained patients affected with ulcerated buboes, complicated by a gangrenous slough. These ulcers were swollen and with grey sanies; their edges were turned down and bleed- far from having hopes of cicatrization, there was much fear they would extend and invade the surrounding

ate was manifest among those men who had been a long time in the hospital, and who were thin, and weak, and scorbutic. I found ferruginous preparations of great service (mercury ten increased the evil).

Under the influence of this sole medicament, the patient improved and the cicatrization of the ulcers was speedily obtained, so that the practitioner should vary his method of treatment according to the state of his patient. In the majority of cases, local applications suffice to bring on the reduction of the tumour. When the syphilitic symptom is obstinate, the economy must be modified, but we are by no means to suppose that mercury is always the necessary agent of this modification. It is very prejudicial in a thousand instances, of which the examples are about to give will furnish evidence.

A young man, six-and-twenty years of age, entered the hospital on the 1st of June, 1836, having a large swelling of the ganglia, in the right groin. There were no symptoms of syphilis, but during the last year he had successively a chancre on the gland, an inflammation of the mucous buccale, and pimples on the face, with the treatment of which he was unacquainted. This man was of a weak constitution, pale, thin, affected with ichthyosis, and of a scorbutic complexion.

Local applications, baths, and diet, were first prescribed. On the 10th of June, there being fluctuation in the tumour, caustic was applied. On the 15th, hypertrophied ganglia appeared in the sore, and encaustics were made to bring on a more vivid inflammation, by applying at two different times about ten *trochisques* of minium. On the 1st of July, finding no improvement in the ulcerated tumour, proto bromide of mercury was to be taken daily. The patient was still in the same state, and complained of headache; he was bled in the arm, and mercury renewed. On the 18th of July, the flesh was livid, the skin surrounding the ulcer was blue, and several scorbutic spots were seen on different parts of the body; the patient was very weak. M.

Cullerier prescribed a potion, in which there was a drachm of sub-carbonate of iron. The effect of this medication was remarkable. The general aspect was greatly changed, the scorbutic spots disappeared, the flesh surrounding the buboe was no longer blue; the ulcer had a more favourable aspect, secreted pus of a better nature the sore was cleansed, and a solid cicatrix covered the whole extent of this vast solution of continuity. The patient left the hospital on the 7th of September, *cured*.

In the following case the good effects of ferruginous preparation are still more forcibly demonstrated.

A man, aged 28, was admitted in the hospital on the 6th of April, 1836, to be treated for numerous chancres on the penis, and an enormous buboe, filling the whole of the inguinal region on the right side. A blister was applied to the highest part of the tumour and the next day the denuded dermis was covered with lint steeped in a solution of sulphate of copper, one drachm to an ounce of water: at the fall of the eschar, an opening for the pus was made with a lancet. After the evacuation of the pus, the tumour continued nearly the same size; frictions were made on the swollen ganglia with mercurial ointment, but it was soon necessary to discontinue it; the gums being tumefied and ulcerated. Hydriodate of potassium was substituted for mercurial ointment. The 9th of May another aperture was made with caustic; the ulcerated buboe was then in a most shocking condition. Its edges were turned down, the inside black and bleeding; leeches were applied but without success. In June a third opening was made, and leeches again applied to the centre of the ulcers. Sedillot's pills were prescribed, but fresh salivation caused them to be given up and leeches were again tried, but no good result was obtained.

At the end of July the patient's strength began to fail, the ulcer became fungous and livid, the centre was bleeding, the flesh blue the gums bled easily; and as everything led to the belief that the patient was scorbutic, M. Cullerier prescribed a draught with half a drachm of carbonate of iron. The fifth of August, the dose was increased to a drachm; the effects of this medication were so beneficial that in the course of a few weeks the hideous sore was completely cured. The third of September, that is, a month after taking the ferruginous preparations, this man left the hospital quite well.

M. Cullerier generally prescribes carbonate of iron in cases of this description.

On diseases of the SPLEEN.

By Professor NASSE, of *Bonn*.

DISEASES of the spleen are by no means scarce. The most common cases are, swelling of the spleen, with or without inflammation, hardness, and ramollissement.

Simple inflammations, that is to say, inflammations, are very scarce. It is the swelling of the spleen, which so often constitutes diseases of this organ, which in both sexes are generally accompanied by intermittent fever; separated from these latter, they are only seen in women from the period when menstruation begins until it ceases. M. Piorry was right in saying that intermittent fevers were constantly connected with the morbid state of the spleen; for each time I made an exploration with the right hand on the left hypochondrium, I found it as large, and sometimes larger, than the right hypochondrium. Dutch persons who have died in my country with fevers and dropsies, constantly gave signs of alteration of the spleen, and ramollissement. I dare not hope that a patient attacked with intermittent fever, will be relieved before the touch and percussion have shewn that the left hypochondrium is in its normal state. The swelling of the spleen, unaccompanied by intermittent fever, and to which females alone are liable, generally depends on irregular menstruation. In some cases the catamenia do not appear; sometimes there is delay, or scarcity. This disease is also attributed to a blow on the left side, but most frequently the cause remains unknown. With regard to irregular catamenia, it is impossible to determine whether this irregularity be the cause or effect of the disease of the spleen. If in diseases of the spleen the menses are regular, the least emotion may put a stop to them; and the mere noise occasioned by shutting a door violently has produced this effect.

This disease is more common to girls than to young women. Most patients affected with the disease are stout, but the pulse is slow and the veins small. The disease may last for many years, sometimes disappear for a short time, then reappear; the pain is then slight, or only felt when there is pressure on the left hypochondrium. During the exacerbation there is intense pain, quickness of the pulse, and very often cramp, which is violent, appears in every muscle, and spares none of the parts of the body subjected to the ill; during these attacks of cramp the patient seems deprived of sensation.

Those who are unacquainted with the disease, may suppose it attributable to the state of the brain, or spinal marrow. It is true, this organ is affected, but symptomatically, owing to the disease of the spleen. As soon as the disease is removed, the cramp ceases,

and there is no further affection of the brain and marrow. The cause of the disorder is the inflammation of the spleen. At times, when there is no pain, there is simple congestion and swelling of this organ; but when pain and the other symptoms indicated appear, it is that inflammation has reached the fibrous and serous folds of the spleen.

If I am not mistaken, the spleen plays a far more important part than is supposed in the nervousness, so common to females. I am convinced that in many cases where magnetic action has produced somnambulism, and given relief to young girls attacked with violent cramp, it has been caused by hypertrophy of the spleen.

For instance, in many cases related by Wienholt, to prove the efficacy of animal magnetism, all the symptoms of an affection of the spleen, such as pain in the left side, irregular menses, vomiting, &c.

I have never yet met with a case in which I could either from symptoms, or as a post-mortem examination, discover a morbid state of the solar ganglion, of which so much has been said; and I still doubt whether it be right to attach great importance to this ganglion in the pathologic view, as is done in Germany. How often has disease of the spleen been misunderstood, and been productive of serious consequences!

Vomiting blood is not a necessary symptom of inflammation of the spleen, but it often occurs; it relieves the pain, but does not remove the disease. I have seen in the course of a similar affection, twenty or thirty pounds of fluid, formed principally by pure blood, ejected for years, and the disease still exist.

It is a great error to mistake this vomiting in young girls, with the *morbus niger* of Hippocrates. The *morbus niger* only occurs to persons advanced in years, almost exclusively in men of bilious constitutions; it is unattended by pain in the left hypochondrium, and accompanied by the expulsion of degenerated blood. We have chemically examined the matter expelled in the *morbus niger*; it is blood decomposed, while the blood vomited in affections of the spleen is only mixed with gastric juices and mucous.

In diseases of the spleen when there is hypertrophy, the heart suffers sympathetically, there are then palpitations, irregularity in the pulse, hysteria, and great depression. In these cases it is often difficult to determine if pain in the left side, accompanied by palpitation, anxiety, sorrow, hysteria without apparent swelling in the left hypochondrium, depends on an idiopathic affection of the heart, or a disease of the spleen.

I have tried various curative means recommended by Bue in inflammatory hypertrophy of the spleen, but I have not met with any certain remedy; when there are inflammatory symptoms I now recommend general or local bleeding. If the state of the patient necessitates it, I prescribe severe antiphlogistic regimen, and epsom salts as a purgative. If the case be obstinate I recommend a seton

on the left hypogastrium: in cases of violent nervousness I have recourse to magnetism.

Simple inflammations of the spleen may be much more frequent than it is generally supposed, but its diagnostic is not clear. A case that has just come under my notice confirms me in this opinion.

A female shortly after her confinement had congestion of blood to the head, violent fever, delirium, swelling of the left knee, pain in the right hypochondrium as well as in the left, and in both a swelling increasing and diminishing, nausea, and no vomiting. After death the spleen was found in a purulent state; it had burst in the abdomen.

An urate suppuration of the spleen always terminates in death; however, I noticed a very remarkable ease, in an individual accustomed to drink, and who having shewn evident symptoms of an inflammation of the spleen, vomited a large quantity of grey pus; he continued to do so for several weeks; after which all the symptoms existing in the left hypochondrium disappeared, and the patient was cured. Was there in this case re-absorption of pus towards the lungs, or rupture of the diaphragm? That is what I cannot decide on.

The indications are more common in men than women. The left hypochondrium is not much swelled in these cases; it is not painful on pressure. Sometimes the existing ascites does not admit of very precise exploration.

No organ offers such hypertrophy as the spleen. A young man had a soft tumour, not adherent to the abdominal coats; of an osseous consistence, of the shape of the spleen, and extended from the left hypochondrium.

The tubercles of the spleen are only discernible on the corpse; it is only when accompanied by inflammation, that during life they produce pain and fever.

The functions of the spleen must necessarily be intimately connected with the preparation of the blood, by which the fluids cannot collect in too great quantities, as no diseased organ is so liable to produce dropsy as the spleen. The liver has also the same power, and diseases of the heart also cause dropsy, but it is then confined to the lower extremities. Induration of the spleen seldom takes place without dropsy, and when it follows an eruptive fever, it has always coincided with disease of the spleen. The degenerescence of this viscera, which is least favourable to dropsy, seems to be suppuration. Dropsy caused by diseases of the spleen is not confined to the abdomen and limbs; it reaches the chest; and in cases of *ramollissement* of the spleen, there is effusion in the left and not in the right pleura.

I shall conclude by observing that cutaneous diseases frequently coincide with diseases of the spleen, and principally those indicating a decrease of the sensibility of the skin, such as the purpura, *ptyriasis*, *ectyma*, &c.

SCHIRRUS and CANCER of the STOMACH.

By M. BRICHETEAU.

A PATIENT remained some time in the Hospital Necker; he very thin and extenuated from absence of assimilation; he was in pain, slept well, and assured every one he had never suffered only he vomited every twenty-four hours, five or six hours after he had eaten. He was pale, but without any expression of pain; complexion was not thick or yellow.

The man was good-humoured, but he fell into a state of melancholy and amenia, and died. On a post-mortem examination the pylorus was found much contracted, and the communication with the duodenum turned into a sort of fibrous substance, about an inch in diameter, free from ulceration, ramollissement, or any other organic lesion. The opening of the pylorus was scarcely of sufficient extent to admit a quill. There was no analogous lesion in the three cavities.

This man, who was more than fifty, had a difficult digestion; he had evidently died owing to a mechanical obstruction preventing the passage of the food. It is certain that in all parts of the human economy, a square inch of lardaceous degeneration could scarcely have produced slight accidents.

A man of about forty-five, who had been long ailing, entered hospital on the 30th of January, 1833. This man was tall, of a vigorous constitution, and in his youth had been remarkably strong; he was now pale, thin, and gradually wasting away. This patient could only keep liquids in his stomach, and owing to a considerable dysphagia, they had some difficulty in reaching it. There was nausea and salivation if an attempt was made to take food, when deglutition was performed, the digestion was made with pain. No tumour was felt in the epigastric region, which could be pressed on all sides without giving the least degree of pain. With the exception of dysphagia, which led to the suspicion of the existence of an affection of the lower portion of the œsophagus, the patient was pretty well and continued in this state till the 20th

opening of the pylorus, was in its normal state, and formed a contrast with the schirrous parts; there was no alteration in the remainder of the digestive tube. The fibrous transformation which the lower part of the œsophagus, and the superior part of the stomach had undergone, was of a dead white colour, and positively similar to a fresh cartilage discovered at the opening of an articular capsula; on its surface there was neither redness, nor congestion, nor ulceration, nor fungosity.

On the sixth of November, 1834, a patient was admitted into the hospital, affected with an organic lesion of the stomach, which seemed hard and flat, but unaccompanied by any symptoms of cancer. The patient was of a sallow complexion, very thin, and his digestion difficult; he lived on farinaceous substances, milk and fuel; no vomiting, no pain, no want of sleep; sometimes there was diarrhea: opiated baths, infusion of gum and sugar in water, as a beverage, stibiated friction on the epigastrium, formed the palliative treatment. This man, who had spit blood, died suddenly on the 7th of February, after a violent attack of hemoptysia.

In a post-mortem examination there was found, in the thickness of the pyloric aperture, a lardaceous tumour, with several lobes remarkably white, externally; and in the sections made with a scalpel, this tumour was free from ulcerations, *ramollissement*, and had a confused mixture of morbid tissues constituting a cancerous affection; in short, it was an accidental homogenous tissue. The pyloric aperture was sufficiently large to admit the introduction of the little finger, which accounts for the patient not vomiting; there was blood in the stomach, which blood proceeded from the chest. In the upper part of the lungs were cicatrix, in all probability originating in ancient, suppurated, tuberculous affections. The pulmonary tissue was the seat of strong sanguine congestion, containing here and there circumscribed sanguine focusses; the bronchi were filled with streaky mucosity, and there were in the intestines symptoms of chronic phlegmasia.

This man, who was consumptive, and had escaped this dangerous disease, had a fibrous and lardaceous tumour in the stomach, which was an obstacle to digestion and assimilation, fell a victim to a pulmonary apoplectic attack; a disease which it was very difficult to account for, in the state of anemia, and marasm, in which the patient was. How, then, can there be sanguine congestion in an organ when the heart, doubtless, is without strength, and the contractility without energy? By what inconceivable mechanism can the blood rush over the natural limits prescribed by nature?

To prove that the alterations described in the preceding observations are fibro cartilagenous transformations, and not carcinomatous lesions, let us remember the description given by one of the men best versed in pathologic anatomy, and whom the celebrated Dupuytren judged fit to occupy the chair left by him, for this part of science.

"Schirrus," says M. Cruvelhier, "is semi-transparent when divided in folds maintained without any linear arrangement, often lobulous, its consistency varying from that of the fibro cartilage, and appearing to form a fibrous and cellular tissue penetrated with albumen.

The schirrus invades all tissues either primitively or consecutively; but there is a fatal predilection for tissues abundantly supplied with lymphatic vessels; it arises spontaneously, or succeeds to an effusion from external causes, scrofulous or venereal, and generally occurs at that period of life when man and woman cease to become parents. Schirrus causes lancinating pain, never retrogrades towards the primitive organization, advances with rapid strides and carries off the victim in a few months; sometimes it is chronic, and remains stationary for ten or fifteen years, does not appear to hasten dissolution, extends by continuity of tissues and by lymphatic reabsorption; sometimes kills without passing to ulterior alterations, but mostly becomes the seat of internal workings; in some cases it becomes gangrenous, and is totally expelled, or else softens, and may be compared to the brain of a new-born child."

We do not think this description can be in any way applied to the affection we have above-mentioned; there seems to be none of the characteristics so well exposed by M. Cruvelhier.

We do not see in the case in question, how it can be supposed that the alteration will pass to a state of *ramollissement*. In fine, a disease of whatever nature it may be, that has gradually increased, and has remained fifteen or twenty years stationary, has undoubtedly reached its termination; and it is to be supposed any further metamorphosis is no longer possible.

When a similar lesion occupies a secondary organ, it causes scarcely any morbid accident, but if, on the contrary, it unfortunately has its seat in an organ essential to life, it can only act as a mechanical obstacle, whether it deprives the tissue where it is seated of its contractile, or extensive faculty, or whether it opposes the passage of materials of nutrition to their assimilation to our organs, is precisely what has occurred to patients who have died from inanition and without suffering. We have seen others perish, but without having the power of persuading them they were ill; they appeared totally free from suffering, slept well, had good appetites, and vomited without effort the half-digested aliments they had taken, six, eight, twelve, and sometimes four-and-twenty hours previously.

We must add, that the patients in question had no symptoms of scrofula, or cancerous diathesis. On the whole we think it wrong to class indolent schirrus of the pylorus, of the cardia, the œsophagus, the intestines, among the variety of causes.

It is more rational to approach them near the fibrous body of the womb, and to other analogous transformations met with among

dividuals who during life had furnished no traces of it. Neither can we admit that the lesions may necessarily pass to another state, when they have for any length of time existed in the same shape, and have during that time been subjected to excitation, likely to bring on a speedy termination. And a normal tissue that has lasted eight years must be at its apogee, and its history must be concluded.

Practical and Medico-legal considerations on MULTIPLIED WOUNDS in the CHEST.—By M. SANSON.

A fencing master fought a duel with one of his professional brethren, received three wounds in the chest; he was immediately conveyed to the *Hôpital de la Pitié*. On the right side of the thorax there were four marks of a sharp instrument, distant from one to the other, an inch and a half, to two and four inches. The most lateral and the most inferior was seated as high as the eighth rib; the second and third were found, one outside and under the right breast, the other inside and above it, the fourth immediately on the sternum; and the latter, there was pain on pressure, to the extent of an inch and a half from right to left, and presented emphysema. These four wounds bled very little, but what is most remarkable, they had not the same shape; the first was quadrangular, the three others triangular. The instrument with which the wounds had been inflicted was a blunt foil, that is to say, with four angles, yet three of the wounds were triangular.

It will often be found that instruments cause wounds, of different shape from their own. The degree of tension of the skin, the elasticity of the tissues, their elasticity, the obliquity of the direction of the arm, and various other circumstances may modify the shape of the wounds. Some years since in a celebrated cause, I was asked on to state whether I thought the end of a sharp foil could have produced seven oval wounds found on the body of a young man who had been assassinated. In the presence of the judges, on the corpse of the victim with the same murderous instrument, wounds were made precisely similar to those inflicted during

It is therefore impossible to solve these two problems, a wound being made, to decide on the shape of the instrument; and a wound being examined, to determine whether it has been inflicted by the instrument found on the murderer.

The wounded man complained of great pain in the length of the wound on the sternum; he felt oppression and dyspnea, was in a moderate state, and spit blood. These symptoms led to the belief that among the wounds some had reached the thoracic cavity, but on examination, none of the wounds had penetrated.

The external and lower wound had scarcely reached the whole

depth of the skin, the second and third wound were made at one thrust; as to the last it could not go through the sternum owing to the resistance of this bone, which presented itself obliquely at the time of the thrust. Care was however taken not to endeavour to acquire a more intimate conviction of the slightness of the wounds either by probing or in making injections, or in keeping the mouth, and nostrils closed, and then making a strong expiration. These measures are *uncertain, useless and dangerous*. The bandage being removed, it is possible that the thoracic cavity may have been opened, the probe does not reach beyond its coats; then again, in probing the wounds, a clot of blood may be removed and bring on hemorrhage, more or less serious, irritate the pleura, and favor the introduction of air in the chest; and if the wound be deep, the exploration will be of no use, as the results whatever they may be cannot be prevented.

On a close examination of each of these wounds, it does not appear that either of them were deep, and though the patient said he spit blood, yet since his admission into the hospital nothing of the kind had been seen. It is possible that immediately after the wound, that blood may have protruded from the nose, or throat. There is always oppression in individuals when the muscles of the chest are wounded by pointed instruments, which is owing to the pain, caused by contraction of the muscles. It must also be remembered that the patient was nervous and irritable, and that considering his profession, he was much humbled at being vanquished, which may account for the state of anxiety and agitation in which he was found after his wound.

We must now explain the emphysema surrounding the fourth wound, which symptom is considered pathognomonic of deep wounds. This explanation will be found in the mechanism of inspiration. It is said that dilatation of the chest by the inspiring muscles tends to produce a vacuum in this cavity; this vacuum seems impossible, owing to the facility with which the air may overwhelm it in reaching the bronchi, and their ramification through the nostrils. In consequence of this tendency to vacuum, and the laws of equilibrium of fluids, the air rushes in, either by the nostrils, the nose, the mouth, or by artificial apertures, as for instance in laryngotomy. What happened in the latter case happened to our patient when he was wounded; the inspiration was increased by the shock following the sensation of the cold steel, and its shock on the sternum; the air thus strongly drawn on the coats of the chest, reached by the channel made by the foil; and unable to proceed farther, fixed in the cellular tissue of the wound, thus producing the emphysema.

This patient therefore offered peculiarities worthy of remark, as his wounds made with the same foil were not of the same shape, and that notwithstanding the serious symptoms, none of the wounds were deep.

ent was bled, and cold bandages kept on the chest for six wounds healed rapidly, and on the fourteenth day he left al, and only felt oppression and pain above the fourth

DENTAL NEVRITIS.—By DR. GUASTOLLA, of *Trieste*.

Disposition presents disparaged symptoms, without determination of some duration, the doctor would say, *it is nervous*, certain extent his reply is satisfactory; this explanation was from the ancients, who attributed to certain disorders of the system, maladies of which they did not know the origin, that account were termed (*sine materia*) maladies. The anatomy, has singularly reduced the number of nervous ones, nevertheless there still remains much to be done.

At forty-eight years of age, of nervous constitution very irritable, subject from childhood to convulsive movements, and to have several teeth extracted; she suffered more from a molar tooth on the right, and the efforts she made, several days, with her fingers, to move and facilitate the, occasioned agonizing pains, which extended the muscles, and caused convulsions; she had hoped to raise the gums by means; after its extraction, they cauterized the socket by operations which were useless; in a short time, the agony reached both jaws, without the least intermission; the as a most hideous deformity of the mouth, and the whole jaws clashing without cessation, would have cut the tongue had not taken the precaution to keep them separate by a band; the cheeks were alternately pale and flushed, and the extended impressed on the physiognomy, a cadaverous appearance. Diagnosed the disorder Nevritis, and placed the seat of it on the right, irritated by the avulsion of the tooth: frequent and repeated softening poultices, internal applications of the hyosciam, aconites, belladonna, laurel water were resorted to, without effect, the pain occupying the whole arch of the socket, decided fever, and during twenty days, the face remained in this, without deranging the pulse or stomach.

Resistance of these phenomena gave suspicion of some fever of the dental nerve; it was local inflammation on the joint, and taken place in cutting the teeth; they then raised a band, and making an incision on the left jaw, moved two the other; the pain, which had been a little alleviated, now with greater intensity, the tongue became swollen and introtracted three or four inches; the deglutition not in the least possible; and suffocation appeared imminent; a mucous flowed from the mouth; the muscles of the body and members convulsed three or four hours, and the fit terminated by

trismus; the patient was not better, except during an hour's sleep, when the jaws were more tranquil; the attendants availed themselves of this opportunity to introduce a little nourishment.

In this difficulty, they tried symptomatic medicine, and antiseptics were associated with the antiphlogistics; slight bleedings, leeches to the mastoidien regions, the nape of the neck, and forehead; baths, first simple then alkaline, of assafoetida, of valerian; rubefacient and blisters at the nape of the neck and arms; unctions with the extract of opium according to the endermic method, but with no greater success than before; she fell into a decline and was in a high fever; the convulsions and trismus, which had not ceased for forty days, had nearly exhausted what little strength remained; they likewise feared the cholera morbus, which was then raging in that country, it was necessary therefore to adopt another course of medicine; they then thought that the malady had its seat in the dental nerve, and tried medicine accordingly; a clever dentist extracted two molars, and one eye tooth, nevertheless no relief was given, and although, the teeth were sound, they were all extracted, twenty in number, of which three only were a little decayed; there then became an evident amendment, the convulsions were not so frequent, but without having lost their strength; the jaws were not in motion, and the mouth recovered its original shape; they applied antiphlogistics continually, and after a long convalescence, the invalid recovered; she must have suffered the most agonizing tortures, and has since regretted they had not sooner thought of extracting all her teeth.

Treatment of PSORIASIS with Proto-Iodide Mercury Salve.

By M. A BOINET.

AMONG cutaneous affections, psoriasis, owing to its frequent recurrence and continued resistance to curative means, has been the object of various experiments to obtain a cure; these experiments have been made either internally or externally. No remedies excepting pitch salve, lately introduced by Dr. Emery, have been efficacious for the disease in question; in the present day they are nearly all given up, and it is useless to allude to them, but I shall give an account of those employed at the hospital St. Louis. Mr. Alibert's method is very simple, it consists in giving sulphur internally, and in cauterizing the scaly parts, with a dissolution of nitrate of silver.

This treatment is seldom efficacious, and it must be continued for several months. The other methods are more complicated, without having speedier results, and may prove more dangerous.

They are three in number, and differ materially. Purgatives, condemned by Willan, tincture of cantharides and arsenical preparations form its basis. These methods which require to be ad-

ministered by men of judgment, have frequently succeeded with Mr. Biett, who employed it at the hospital St. Louis; but he admits that it is difficult to state precisely in which cases one method may be preferred to the other, so that it is sometimes necessary to make a trial of them all, before the best is discovered, besides the administration of therapeutic means, requires to be of long continuation, particularly if the time of suspension of treatment be included, which suspension is almost always necessary, owing to the inflammatory symptoms of the digestive or urinary canals.

Then again, arsenical preparations, which are only recommended when all other means have failed, may be dangerous, and give rise to serious accidents. Mr. Emery has recourse to a remedy far superior to any other, it is free from all danger, and has the great advantage of causing a rapid cure.

The following is the remedy: an infusion of wild heart's ease, or sulphuric lemonade; externally, a salve composed of one ounce of tar, three ounces of lard, to be put on the scaly parts.

At the same time sulphurous or vapour baths, are to be taken. The results obtained are more satisfactory, and undoubtedly superior to those hitherto obtained. M. Biett has lately tried this medication which is not wholly free from reproach. These reproaches are not serious and may be reduced to the following:—

1st. Difficulty, if not impossibility, of employing it in town.

Great loss of linen, as what has been once used is stained.

2nd. Smell of tar which is disagreeable, and the remedy is dirty, for the patients must not change linen for several weeks, sometimes several months, and sometimes during the whole illness, which may be of considerable duration.

This precaution is essentially important, in order to obtain a more certain and speedy cure, but it is not absolute.

Similar inconveniences are very trifling, compared to the results attained by M. Emery. It is true, the smell of tar may be very unpleasant, and not to change linen, extremely disagreeable, and we must say that to give up this remedy, one should be found, which would have the advantages without the drawbacks of Mr. Emery's method.

The method we propose has all the desired conditions; with proto-iodide salve, a speedy cure is obtained, whatever may be the nature or duration of the psoriasis. We have seen in certain cases, these means remove in a very short time, the cutaneous affection, when the tar caused no improvement, although employed for a considerable time. We give the following account of the treatment by which nine patients were cured. A decoction of endive, or sulphuric lemonade, to be taken internally, syrup of endive two ounces, externally night and morning, on the scaly parts, with the following salve, proto iodide of mercury one drachm, lard one ounce.

The patients alternately to take either simple, alkaline, or vapour

baths. It must be remembered that if baths of every description are beneficial, yet they may be dispensed with in some cases.

Thus a young girl of a bilious temperament was obliged to continue bathing at the end of three days, as she was attacked pneumonia.

Notwithstanding the inflammation of the respiratory organ, was contra indicated the use of baths, the frictions with the salve continued, and the disease was cured in twenty days. The decoction and syrup of endive was discontinued, and a pectoral infusion given.

This case proves that sometimes frictions alone suffice to cure psoriasis, and that baths are not indispensable, but they are always useful and allay irritation. Soothing poultices, and fomentations may be substituted for baths.

Hitherto psoriasis thus treated, has been constantly cured without accident of any kind has occurred, no stomatitis nor salivary gland erythema, none of those uncomfortable results so often attend mercurial preparations, and which leave practitioners a doubt as to the good or bad effects of this medication in certain diseases. Some medical men it is true consider mercury as a panacea, and may be opposed to any chronic alteration of the skin; others, on the contrary, only talk of the evils resulting from its administration. There are circumstances in which mercury should not be administered and in others it proves most beneficial; and the treatment we have just described is a confirmation of this fact. M. Manry for a considerable time employed mercurial preparations, proto iodide of mercury, but in much smaller doses, (a scruple to an ounce of lard.) This preparation was given up on account of the inflammatory symptoms arising in the intestine mucous membranes, particularly when the substance was placed on a denuded surface: as proto iodide produced no accident in doses of one scruple, M. Manry increased the dose to a drachm, and obtained the advantages we have mentioned.

Treatment of PHLEBITIS by mercurial frictions.

Service of M. VELPEAU.

A YOUNG woman, aged 24, of pretty strong constitution, lymphatic, had been in service four years in Paris. Her health was not good, and she was dissatisfied with her situation; within the last three months her menses have not been regular; they are less abundant than usual; there has also been a white discharge. Ten days since, after imperfect menstruation, she was seized with violent colics, cephalalgia, anoxeria; she was bled on the median; the pain was not greater than is usual in bleedings. Little blood was taken, because she fainted; a bandage was put on the arm and the bleeding stopped. The patient made no complaint, but did

work as usual. The following day slight pain in the part where she was bled, the bandage was taken off and the sore was healed. The third day, acute pain in the lower part of the arm; sixteen leeches were prescribed, but were not put on; the arm was red and swelled; she continued her work and put on some poultices. The fifth day, the arm was red, tumefied, painful; there was fever, cephalalgia, vomiting; poultices were applied. The patient bathed her arm in an infusion of marsh mallow; the following days the arm was inflamed, more tumefied, and more painful. Five-and-twenty leeches were applied on the length of the cephalic vein; the tumefaction diminished, but the pain and inflammation continued; the patient was then admitted into the hospital; the whole arm was swelled and painful. On the external side was felt a sort of hard band, hard, resisting, and red; it seemed to contain a hard cord, irregular in its course: this cord extended to the radial side of the fore arm, nearly down to the wrist; slight swelling of the hand, and sore at the fold of the arm; peeling of the epidermis, and slight discharge, quick pulse, white tongue, cephalalgia; bandages soaked in camphorated spirits of wine, were put on the arm, and the patient had nothing but broth.

The 9th, the patient suffered from pressure on the arm; the bandage was taken off; the redness and tumefaction had decreased, but had reached the hand; great pain ensued; the bandage was replaced.

The 10th, acute pain all night, fever and perspiration, no shivering fits or nausea; the arm was tumefied and hard; the cephalic cord hard, unequal; the fore arm red. Frictions morning and evening, with mercurial ointment; bandages steeped in marsh mallow water.

The 11th, the patient still suffered considerably; burning and lancinating pains near the wrist, shivering fits in the course of the day, no nausea, pulse frequent, great thirst. Injections, laxatives, mercurial frictions, and marsh mallow infusion.

The patient slept better on the following day; the tumefaction decreased, less tension, slight fever. The patient continued to improve; red, and painful spots on the length of the vein, which threaten abscesses; an opening is made near the fold of the arm; red and streaky pus was discharged.

The 15th, the patient was pretty well, but the pulse was quick; the tongue white, slight pain; the tissues seemed to regain their normal state; no redness, slight tumefaction; the length of the cord on the fore arm is less hard; there is no pain on pressure. The gums begin to tumefy, and are painful; slight ulceration of the edges; no salivation. The dose of mercury for frictions was diminished by half.

The 16th, salivation abundant; some of the ganglia on the neck swelled. Mercury discontinued.

The next day alum powder was put on the gums, to which the patient was much averse. Gargle of alum and water prescribed.

The 19th, slight salivation; the patient would not use the alum powder; she merely used the gargle on the external part of the arm: a thick, hard cord, indolent on pressure, but not red. The patient obstinately refused putting on the alum, and was discharged.

Various accidents may be occasioned by bleeding, either from a puncture in the aponeurosis of the nervous filament, or from the lancet not being clean, or some unknown internal cause. Lymphatic inflammation, phlegmonous erysipelas, phlebitis, seated in the cellular coat surrounding the vein, or in the internal membrane of the vessel, may also result from bleeding. The seat of the evil is by no means indifferent; it has great weight in the prognostic. If the inflammation be confined to the cellular tissue of the vein, it may easily be arrested under the influence of an active medication, and its course will not be very rapid; in cases of inflammation of the internal membrane, the treatment has a much more indirect influence; bad symptoms may be rapidly manifested; inflammation in the large vessels; pus reaches the torrent of circulation; and purulent matter is formed in the viscera of the economy. This is not lymphatic inflammation, for there would be red streaks, undulating in zig-zag, a few red spots disseminated; no hard cord; and the cord is placed on the length of the cephalic vein; the ganglion of the arm-pit would have been swelled and painful, while there was no trace of it. It is not phlegmonous erysipelas, for the swelling and redness would commence where the lancet had been used, and extend, more or less equally in all directions; there would be lancinating pains, and fluctuation would exist, with considerable suppuration. It is phlebitis; the wound has suppurated, and the consequences have been serious; loss of appetite, cephalalgia, nausea, vomiting, furred tongue, quick pulse. Phlebitis is not internal; there are no signs of poison in the blood by absorbed pus; if so, the results would be fatal, death would immediately ensue; but there is a large cord, prominent, painful, hard on the length of the vein; and the inflammation extends to the surrounding cellular tissue, and the intensity of the redness diminishes as it goes further from this part; it is therefore an external phlebitis. This phlebitis may be complicated with lymphatic inflammation, phlegmonous erysipelas, internal phlebitis, and the prognostic must be serious. As a remedy for phlebitis, bleeding, compression, mercurial frictions, have been advised in nearly all inflammations. In the case we have given, these three remedies have been used:—Compression during two days, and the inflammation continued; as to blood-letting, it is preferable to leeches, lest the other veins should be inflamed. Cupping on the length of the vein has also proved useful; small blisters have been applied; and, finally, mercurial frictions, which have the most happy results.

ANALYSIS OF BOOKS,

INTRODUCTION to HOSPITAL PRACTICE in VARIOUS COMPLAINTS, or CLINICAL REPORT. By. C. J. B. Aldis, M.A. M.B. and L.M.

The present book is the collection of the facts and observations by Mr. Aldis during his attendance on the physicians' ward of St. George's Hospital. It would be difficult to say what is his own and what is not; but taken as it is, this mode of putting to the press the Clinical remarks and cases, collected during attendance to an hospital, deserves to be encouraged. It too often happens that young medical men put away, and forget for ever notes and remarks taken hastily, badly written on loose paper, and never consult the Clinical observations which could serve as a guide in which experience is lost. Young medical men, coming to practice, have no experience at all; and, if they have not the advantage of their Clinical studies, their experience is acquired at the expence of their patients.

Mr. Aldis first states the cases, then makes remarks, which are generally very judicious. We shall give an instance of this, as we think that young medical men would derive great advantage from consulting the medical observations they take at the bed-side of their patients, as if for the press.

Delirium Tremens.

LXVI.— — Foster, æt. thirty-one, under butler, admitted 15th, 1834.—Delirium tremens.

R. Ammon. Carbonat. gr. viij.
Liquoris Opii sedativi m. xvj.
Misturæ Camphoræ ℥iiss. 4 tis horis.
Gin. ℥ij.
Beef Tea Oiss.
(D. ordinaria).

h.—R. Opii gr. ij.
Hydrarg. Submur. gr. ij. statim.
Emplast. Canth. nuchæ.
C. C. inter scapulas ad ℥x.

h.—R. Morphicæ Acetat. gr. ʒ. statim,
forma pilulæ, et rep. ʒ 4 tis horis.
Gin, ℥iv.

z.—The cupping did not relieve him at all. Was very restless, got the bed-clothes off, got out of bed, and endeavoured to leave the room; no sleep; no pain in the head; hands tremulous when held up for examination to be felt. Tongue tremulous.

6th.—Nocte 10 o'clock.

NOTE.—Symptoms as before; no sleep; laughing fits.

R. Opii gr. ijss.

Hydrarg. Submur. gr. iv. statim et
horâ 4 tâ. repetend si opus sit.

8th.— H. Sennæ.

14th.—NOTE.—Was up and eating his dinner quite com-
rational; took a pill, 8 vis horis. Had no recollection of what
during the paroxysms.

CASE LXVII.—I visited a patient a fortnight back, who was
with delirium tremens; he had been cupped two or three days be-
he expressed himself as “more nervous and tremulous in consequ-
was accustomed to see a great number of rats at night, which
his sleep.” He took Tinct. Opii m. xxx. with Æther. Sulp. o
slept well the following night, and saw only a few rats. The su
night he saw only three rats, but one was made of gold. Th
objects disappeared in a few nights, and he considered himself re-

REMARKS.—From cases which I have seen and collected of
plaint, I would rather depend upon the treatment by Opium
phia, than upon the mere stimulating plan; or upon a combi
both forms of treatment, rather than upon either alone. Whe
tion of blood was employed in the preceding cases, an aggra-
the symptoms followed, which contradicts the opinion of th
consider the disease to depend on congestion or inflammatio
brain. I have only seen a few fatal cases, and in those the b
exsanguine, with, perhaps, some exudation of serum, more
Many practitioners contend, that the exhibition of the accusto-
mulus will cure the patient, and is the best method of treatm
inebriety, being generally succeeded by enervation of the syste
consider that the employment of the habitual stimulus will res-
proper functions of the brain. The depleting plan appears to
oppose entirely the pathology of the disease, and it is surpris-
it could have obtained so many advocates. We admit that co-
or inflammation of the brain might occur, but it must be look-
as an accidental occurrence, and not a cause of the affection.

Asthma.

CASE LXXX.—A gentleman, æt. fifty, complained of violent
of asthma, recurring about two o'clock every morning during
weather. I visited him frequently during the attacks. He
customed to sit upright in bed, and breathed with great di-
The face was bathed in perspiration. Occasionally he would o-
window in order to obtain fresh air. The paroxysms lasted
two hours, when he fell asleep, and there would be no return
complaint until the following morning. The affection came on
diately after a disappointment he had met with at an election.
expectorants, anodynes, and aperients were administered with reli-
changed his residence, and I think derived much benefit from the

ment afforded him in furnishing his house. He has had no return of the complaint.

REMARKS.—Asthma, which merely means difficulty of breathing, enjoys a very extensive application. Various diseases of the lungs, heart, and great vessels are included under the term asthma. I considered the preceding case as nervous or spasmodic, in consequence of the regularity of the attacks, and the total intermission of the symptoms between the periodical returns. The disease, probably depends on some affection of the eighth pair of nerves. From experiments made by Sir Benjamin Brodie, Dr. A. P. W. Philip, and Mr. Cutler, it appears that the nervous influence of the lungs was greatly impaired by dividing the eighth pair of nerves. Some asthmatics are relieved by warmth, others by cold. I knew one gentleman, a surgeon, who was obliged to have a fire during the warmest day in summer; and another gentleman, a solicitor, who slept with his window open in winter. Expectorants, &c., may be employed.

- R. Pil. Scillæ C.
— Galb. C. āā gr. v. ter die.
- R. Infus. Sennæ
Decoct. Aloes C. āā 3vj. p. r. n.
- R. Mist. Camphoræ 3xj.
Mucilag. 3j.
Tinct. Benzoes C. 3ss. ter die.

The Lobelia Inflata has been much praised.

- R. Tinct. Lobaliæ Inflat. 3ss.
Mist. Camphoræ 3xj.
Mucilag. 3iss. 6 tis horis.

During the paroxysms, we should employ camphor, ether, and hyoscyamus.

A treatise on painful and NERVOUS DISEASES, and on a new mode of treatment for DISEASES of the EYE and EAR.

By A. TURNBULL, M.D.

THE work we have read under this title, is but an investigation into the effects of the external application of veratria, delphinia and aconitine, and by no means a treatise on painful and nervous diseases. We have given too much attention to the absorption of medicine in our articles on the endermic method, to doubt the effect the author has obtained, yet we are surprised that in the cases related by the author, the endermic method was so seldom employed. After having related cases of tic douloureux and neuralgia, the author speaks of delphinia and aconitine on diseases of the eyes. He says :—

“ In the treatment of nervous diseases by means of the alkaloids Veratria, Delphinia and Aconitine, I had observed that, when changed alter-

nately every three or four days, the electro-stimulation was much more readily kept up, and these diseases more quickly removed than when I confined myself to the use of one alone. The same rule I found it necessary to follow in my experiments on Amaurosis or Gutta Serena. In a previous part of this work I have stated that inflammation depends upon a diseased state of the nerves, and that it is removed by the electro-stimulation of these alkaloids inducing in the nerves a healthy action, and thereby displacing the diseased state. On considering inflammatory diseases of the Eyes, such as Iritis and Internal Ophthalmia, I conceived that the inflammation depended upon a diseased state of the nerves of the eye, and might consequently be removed by the means which my experience had proved to be so useful in inflammation of other parts of the body. To ascertain the correctness of this idea I applied the three alkaloids in these inflammations of the eye, and found them as readily subdued as inflammation of other parts. Observing further, that when these alkaloids had been applied to a part which was thickened or indurated, the electro-stimulation excited the nerves and roused the absorbents, and thereby removed the thickening or induration, I was led to infer that in those diseases of the Eye where there was thickening or induration, as in Opacities of the Cornea or in Capsular Cataracts, the same remedies applied near to the eye by their electro-stimulation would act upon the nerves of the eye and cause absorption of the thickening or induration. This expectation was fully confirmed by experiment. I tried these alkaloids likewise in Lenticular Cataract, and found that they restored the vision completely in recent cases, but that in advanced cases they failed in accomplishing a perfect cure.

The book before us is rather a collection of cases than a treatise, but authors are so often compelled to write quickly, to deprive robbers of the honour of their robbery, that we may consider these observations as the elements of a book that the author will probably hereafter give to the public. On the whole, the powers of these medicaments are not overrated, and will be found a very excellent acquisition in therapeutic.

SYMBOLAE AD TALIPEDEM VARUM COGNOSCENDUM

By J. W. LITTLE, M.D.

THE thesis we have before us, is intended to give due value to the section of the tendon Achilles, in some cases of club-feet. The author wishes to shew that his friend Dr. Stromeyer had mostly contributed to spread this practice followed by Thilenius Machaelis, Sanctorius, Lorent, and Delpéch. After relating the opinions of various authors, on the nature of club-feet, Dr. Little adopts that of Dr. Stromeyer, and recognizes five causes, by which they may be produced:—

1. *Mutationes ipsorum musculorum organicae; inflammationes vel*

- vulnera cum defectu; hae quidem solam contracturam producunt, minime verum talipedem varum, equinum, nec valgum.
2. Debilitas et inertia antagonistarum; haec autem nascitur;
 - a) E vulneribus ventrum vel tendinum antagonistarum.
 - b) Paralysi nervorum antagonistarum, quae totalis vel partialis, aut motum arbitrium aut organicum, musculorum associatorum arcet.
 3. Effectus nervorum arbitrario-motoriorum in membrum quoddam debilitatus sine nervorum sympathicorum paralysi. Hinc fortiores flexores (in pede quidem extensores, quos dicunt) ex continua musculorum contractione organica prae extensoribus praevalent.
 4. Affectiones membri dolorosae, motus arbitrarios arcetes vel prorsus prohibentes, ut articulationum inflammationes. Qui status magna affinitate conjunctus est antecedenti, ubi arbitrium coëcitum a nervis pendet. Non minus hic flexores extensoribus validiores exstant.
 5. Energia musculi adaucta, quae non nisi motu praeter naturam aucto, ut in spasmodicis, statuenda est. Fieri enim non potest, ut musculi continuo quiescentes viribus crescant; musculus autem semper contractus atrophicus et imbecillis quoad munus suum activum evadit. Adstrictus autem propter structuram ejus fibrosam manet. Stromeyer talem casum, utpote rariorem, nondum observavit.

In adopting the abovenamed opinions it would be difficult to understand how club-feet caused by the inequality of muscular power, could only be cured by the section of the tendon. In admitting that recourse to this method should be had more frequently, we are sorry to find that the *Sabot de Venel*, and the apparatus of Divernois, have not been mentioned; they may prove of the greatest service, in cases of club-feet. Dr. Stromeyer's principles, which are also those of the author, are as follow.

Haec sunt, quae sequuntur Stromeyer principia :

Tendines, qui obsistunt, secantur, cute vicinisque partibus quam minime laesis.

Non statim post sectionem pes in justam positionem redigitur.

Lympha, inter extremitates tendinis secti effusa, simulatque parva vulnera externa sunt conglutinata, tertio jam vel quarto die, si nihil impedit, extendi incipitur.

Hanc paullatim extendere pergit, dum pes naturalem formam consecuta sit et articulatio tibio-tarsalis perfecte flecti possit.

Machina, quae extensionem efficit, etiamsi aegrotus bene jam insistat atque incedat, in aliquod tempus applicatur, ne substantia intermedia jam fibrosa magis in dies rigescens denuo contrahatur.

Debile membrum in aliquod tempus apta machina, ad instar Scarpeianae constructa, sustinetur, ne aegrotus nimia eundi cupiditate captus, pedem laedat.

We certainly view with pleasure the surgical progress in the treatment of club-feet: but we cannot think the section of the tendon

Achilles necessary whenever the disease be occasioned by the inequality of muscular power. We have already given our private opinion on this subject, which is intimately connected with the study and treatment of deformity.

A practical compendium of the DISEASES OF THE SKIN.
 BY JONATHAN GREEN, M.D.

“NOTWITHSTANDING all that has been done in illustration of the diseases of the skin, says Mr. Green, “it is unquestionable, that they remain at the present day among the least understood of all the affections to which the human body is liable.” Such an avowal from a Dermatophile is striking, yet we may believe that this opinion is a little exaggerated, and that the ignorance of the nature of a disease does not prevent its treatment by the means that experience has sanctioned. We are happy to find the few following lines, “I am now, enabled to say that I very rarely met with a case of ordinary cutaneous disease that is not either completely within the reach of medicine, and curable, or that may not be so much amended as to be made very indurable.”

Dr. Green's book is divided into eight orders, according, to the classification of Willan and Bateman, with few modifications. Some chapters are consecrated to diseases which appear with the elementary characters of almost all the eight orders. Some to original or accidental, unusual states of the skin. Some others, to diseases of the appendages of the skin.

The principal aim of Dr. Green, is to show that the diseases which generally resist all treatments employed, without baths, yield to bathing, properly and medicinally administered: we fully coincide with him, and we have seen, that the diseases of the skin we have had to treat in London, even some inveterate, have generally yielded to the ordinary treatment combined with bathing; we think that baths are too much neglected in England, and as we have no establishment for baths, we may say that they are of greater importance, and utility in therapeutic, than is suspected in England. The compendium of Dr. Green is complete, and worthy of its author's good reputation.

HISTOIRE DES MALADIES observées à la grande Armée Française pendant les Campagnes de Russie, en 1812, et d'Allemagne en 1813. Par le Chevalier, J. R. L. de KIRCHOFF, Ancien Medecin en Chef des Hospitaux Militaires, &c. &c. 3me. Edition, Anvers.

THE Chevalier de Kirchoff's work is replete with interest, and though some years have elapsed since the disastrous occurrences

related by this learned author, the fatal events are painted in such vivid colours that every one must appreciate so valuable a production.

There is something so dramatic in this history, something so fearful in the disaster at Moscow:—that *grande armée*, of which France and its Emperor were so proud, and which was so speedily annihilated, that in perusing Mr. Kirchoff's work, it is impossible not to reflect on the uncertainty of all that is mortal. The author of this erudite work is not only an enlightened physician, but a man of the world: he has entered deeply into his subject, and suited it to the general taste: all classes of readers will find instruction in its perusal.

We shudder when he says, "I regret not to have sufficient strength, to enter into minute details of the horrors that occurred in the expedition to Moscow. In tracing the history of this frightful catastrophe, unequalled in the annals of the world, I am aware that I should have added much interest to this work; but how could I bring before the eyes of my readers, so many cruel sufferings,—the rigors of the Russian climate,—the licentiousness and imprudence of the soldiers, without caution when triumphant, without discipline when defeated? How am I to describe the devastation occasioned in the countries through which we passed? How can I describe the tragical scenes I witnessed? This awful desolation will ever be present to my memory; I cannot without deep emotion recal to mind, the vicissitudes of this celebrated undertaking, and of the defeat still more fearful than that of the troops of Cambyzes in the plains of Lybia. I am oppressed with sorrow when I call to mind the unparalleled misery I shared with so many brave men, so many excellent friends, who were cut off in the bloom of youth. We might ask, what deadly blast destroyed this magnificent army, which in the latter days of June, 1812, crossed the Niemen, and threatened to extend its victories beyond the Bosphorus. The finest army that had existed since the time of Darius, and which disappeared, as before another Alexander: no greater number of heroes had ever been united. How many parents had to deplore the loss of their children! How many sons, the sole support of aged parents, were cut off in a foreign land! How many friendly ties broken! how many husbands and wives separated for ever! How great a number of individuals reduced to misery!"

His account of the retreat from Russia we particularly admire; the details of it are conveyed in the most pleasing form; and we think that the chapters on Typhus fever, and Diarrhea will have peculiar interest for medical readers.

VARIETIES.

PARIS AND LONDON.

AFTER the discussion on statistics at the Academy of Medicine, a discourse was made on one of the discoveries most important to society, which incontestibly is vaccination; its happy influence has so powerfully contributed to the prolongation of human life, and has preserved us from the infirmities which so often followed the fatal action of variola.

Notwithstanding its undoubted utility, it has long been the subject of unfounded and undeserved criticism. Soon after the discovery of vaccination, Government understood its importance, and placed it under its protection; yet its triumph was difficult, and unforeseen, and unexpected obstacles were daily encountered.

Vaccination has this year again proved a certain preservative against variola. M. Barrey de Besancon, who has vaccinated for two-and-thirty years, wrote to the Academy, to state that he had never seen a single case of variola in any person who had been vaccinated: he observes, that in many places, children are vaccinated by ignorant apothecaries, or midwives, unable to distinguish good vaccination from bad, and who only desire to perform the operation frequently, but are wholly indifferent as to its results; should the small-pox be afterwards caught, they attribute it to vaccination, and not to their own carelessness.

One of the members of the Vaccination Committee observed, that in the space of five years and a half, the small-pox had raged a hundred and eighty times among a population of more than twelve thousand persons who had been vaccinated, and not one of them had caught the infection; even in the hospital, where the patients are so near each other. M. Vernhes, one of the principal physicians at Tun, put a stop to the variola in several villages, and not one individual whom he vaccinated caught the disease.

The question of second vaccination is now brought forward. Hitherto its advantages have been doubtful, and its disadvantages certain; the confidence the public had in vaccination has been shaken by admitting a doubt as to the beneficial effects of first vaccination, and its insufficiency for preventing the small-pox: this is giving support to the opinion, that in time vaccination loses its power. Many enlightened men are prepared to bring forward proofs to the contrary, and agree with the Academy of Medicine, that vaccination does not lose its power. Contradictory statements on this subject reached the Academy of Medicine in 1834. M. Vernhes re-vaccinated twelve persons between the age of twelve and twenty-five, and did not succeed with any of the number; M. Faliere also

re-vaccinated several persons, but it did not succeed. In some parts of the country, however, the result has proved favourable. M. Boucher re-vaccinated two hundred individuals, from fifteen to forty years of age; they had been vaccinated in their childhood, and thirty out of the two hundred took it; and with the matter from their arms he charged his lancet, and vaccinated several young children. It would have been advisable for M. Boucher to give a more precise account. One of the members of the committee re-vaccinated a hundred and fourteen persons, eighty of whom were men from eighteen to twenty-six years of age, fourteen on children from eleven to sixteen, eleven on others from eight to eleven, and nine from three to seven.

Among the first, there were twenty who had eruptions, of which eighteen disappeared before the eighth day: with a man of six-and-twenty, three pustulæ appeared on each arm; they were accompanied by sub axillary congestion, which ended in suppuration on the left side. A young girl of eighteen also had an eruption similar to that produced by good vaccination. Children from eleven to sixteen had no mark whatever; a young girl of eight, and a boy of nine years old, had pustulæ of false vaccine, which terminated speedily. Not long since, four children vaccinated with the virus given at the Academy, two aged seven and a half, one seven, and another four, had so great a degree of inflammation round the spots, that the pain reached the arm-pits. A child of five years old, who had been vaccinated for the first time when she was three months old, had a pustula on her arm, which only dried up the nineteenth day, and came away on the twenty-first day. It follows from these different experiments, that second vaccination does not furnish any positive result, and that nothing should shake the just confidence we have in vaccination.

Vaccination, at the period of its discovery, was described by Jenner far different from what it is at present; the description of the effects of this operation had struck him so forcibly, that he never introduced the lancet more than once; and in later times, as soon as the pustula was formed, he hastened to cauterize it, to arrest its effects; he only altered this practice after seeing the London medical men act differently. At present no harm results from three or four pustules on each arm. France never witnessed Jennerian vaccination in its full intensity, for when it was introduced in 1800 by Woodville, it had already lost part of its injurious qualities, and only retained those beneficial to man. Since that period it has undergone various modifications, in the length of duration and intensity of symptoms, which have attracted the attention of the faculty.

Among others Dr. Brisset was the first to make known the changes he had noticed; he thought they demonstrated a physical variation in vaccination, which necessarily induced other changes in its most essential properties; he made this opinion known in a memoir he published in 1828. Other medical men have since laid

claim to the idea, but it exclusively belongs to the estimable practitioner we have just mentioned.

The Academy of Medicine and most medical men, vaccinators, notwithstanding the physical changes to which we have alluded, have not observed any alteration in the preserving and good effects of vaccination, and have always found it most efficacious in arresting the plague of small-pox, wherever it has appeared.

What is most surprising in vaccination is, the loss of its source, almost immediately after it was discovered. Since that period, all the researches made in England, Germany, Italy, and France, have proved unavailable; the source has not been found. Some vaccinators, it is true, have at different times thought to have found it in the cow, and pretend to have inoculated it successfully with children; but at the end of the second and third inoculation it has always spread, and until 1831 no means had been found to preserve it and transmit it to France.

The 30th of June, 1833, the true cow-pox was discovered, twenty-six leagues from Berlin. Dr. Bremer, after thirty transmissions, sent it to Dr. Kraux, counsellor for the Government at Dusseldorf, who inoculated it successfully, but symptoms as intense as those noticed by Jenner were not observed; yet they exist with the cow-pox lately discovered in France.

M. Maceroni thought he had found it in Rome in 1832, and he affirms that in 1834, he with M. Marcurri, found it in the same flock, which enabled him to transmit it by inoculation to children, and it then served to inoculate others. Unfortunately, the researches were not continued, and nothing more has been said on the subject.

But it is extraordinary that in 1836, within the space of a few days, the cow-pox was supposed to be found in three different situations not far distant from each other; at Passy, Amiens, and Rambouillet: the results of these various observations have induced the supposition, that the pustules succeeding inoculation with the new vaccine, arrive later at a state of maturity. The ancient vaccination began to shew near the eighth day; the pustulæ resulting from the new inoculation are but little advanced at this period, and the areola that begins to appear is not well marked till the eleventh or twelfth day; the pustula is then fully developed.

Without changing its character, the aureola is large, of a vivid colour; the sub-jacent tissue is effused; if there be three punctures there is nearly always fever, the axillary glands swell, become painful, and sometimes suppurate. It is then the pustulæ acquire a diameter of four to five lines; they are circular and prominent; from the thirteenth to the fourteenth day it dries up, and from the fifteenth to the eighteenth the whole surface is dry, the scab remains flat and large, and only falls from the twenty-fifth to the thirtieth day. It is evident that this eruption has characters peculiarly its own, and only resembles the Jennerian vaccination during the first seven days.

London.—Animal magnetism has taken its departure from Paris, where it ceased to be in vogue, and has, like other Parisian fashions, come to London for the season.

At the North London Hospital, M. Dupotet, the French professor of animal magnetism, who has recently arrived in this country from Paris, performed some experiments before a party. The professor commenced his operations on a young girl, about 17 years old, an inmate of the hospital, who has been for some time ill, but who is at present almost convalescent. She was seated in a chair in the middle of one of the wards, and M. Dupotet, seated opposite to her, commenced the operation of magnetising, which is done by waving the hand up and down in a perpendicular line before the face and body, as closely as possible without almost actual contact. After these motions of the hand had been continued for some minutes without effect, the professor, nothing disconcerted, left off; and another patient was introduced, who, we understood, had been operated upon more than once, deriving, it is stated, some benefit in her health. She was a young woman, named Lucy Clarke, who, having for some time past been subject to epileptic fits, had been induced to come to the hospital from Tottenham, where she resided, that the experiment might be made upon her. As soon as she was seated the professor commenced the wafture of his hand, and in a few seconds an appearance of extreme drowsiness became evident to all who stood around her chair, and she frequently rubbed her eyes, as children do when sleepy. She at length ceased to have the power of opening her eyes. The magnetiser, however, who had placed her under the spell, had the power also of restoring her to a state of wakefulness. This he did by placing his fingers on the centre of the forehead and drawing them asunder towards the temples, and afterwards waving the hand to and fro before her face. She was then magnetised a second time, and the effects of the "animal-magnetic influence" were still more remarkable than before; the arms when lifted fell down as if they no longer had life in them, the jaws became firmly fixed together, and the eyes closely shut. Many attempts were then made by persons present to awake her, but all unsuccessfully. Persons called loudly into her ears, but she heard not; pungent snuff was inserted into the nostrils, but she smelt not; in fact, all the senses were absorbed, and she lay like one in a trance, until restored to consciousness as before by the mystic operations of the magnetiser. Indeed, the effects were so extraordinary, that the most sceptical of the visitors could not deny that the professor performed as well as professed. Several gentlemen were present, both foreign and English, to witness the experiments; among the latter were Mr. Leader, M. P., and Colonel Thompson. It is stated that the patient before alluded to, Lucy Clarke, has not had a return of epilepsy since she was first magnetised. We do not vouch for the authenticity of this statement.

SELECTIONS FROM ENGLISH JOURNALS.

Remarkable Affection of the Skin simulating Carcinomatous Deposits.

C. B., aged 50, was admitted, June 13, into the North London Hospital, under the care of Dr. A. T. THOMSON. She is a widow of temperate and regular habits; she has been engaged as a sempstress, and has been residing in a dry and airy situation; she does not appear to have any hereditary predisposition. She always enjoyed remarkably good health until about twelve months ago, when she was attacked with pain in the left breast, chiefly, however, confined to the nipple. The pain was of a throbbing character, the breast was exceedingly red, hot, and much indurated. She then applied for relief to a dispensary; a blister was applied to the shoulder, and she took some medicines, but without receiving any benefit. The pain continued to increase, and spread down the right side, and subsequently to the right shoulder, and was much augmented by pressure. She took medicine for three months at a neighbouring institution, but without relief. About six months ago a number of small, hard tumours appeared; in the first instance, she thinks, on the border of the right axilla, but they soon spread over the sternum and chest, involving both mammæ. These tumours were attended with great itching and tingling, but none of them were painful, except those situated upon the mamma. The mammæ were now, she said, exceedingly hard, and much diminished in size. She has taken medicine until this period without any benefit.

At present, she suffers from pain in the right breast, not constant, but occasionally very severe, and extending to the right axilla, and down the right arm. The pain is generally worse at night, when she is warm in bed, and then often extends down the right side, and right thigh and leg. She has also a similar pain in the left breast, but much less severe and constant, and never extending to the arm or side. Both mammæ are very much shrunk and wasted; the adipose tissue appears to be completely absorbed, and the glandular structure exceedingly indurated. The nipples still exist, but the integument around them has a reddish-brown tinge, and is much puckered. There has been no suppuration, and no discharge of any kind from either breast. The hard swellings before alluded to, have now appeared all over the chest and abdomen. They are also numerous scattered upon the back, shoulders, and axilla. In the latter situation they are exceedingly troublesome, and impede the motion of the arms. There are several of the tumours upon the neck, face, and the right arm and leg. They are of all sizes, from that of a millet-seed to that of a small nut. The skin upon many of them is slightly red, but upon others the colour is natural. They are not painful, but tingle and itch to such an extent as almost to prevent sleep.

The countenance of the patient is neither expressive of anxiety, nor has it a cachectic or cancerous aspect; the skin is perfectly dry, and she states that she never perspires. She has occasionally pain in the head, and dim-

ness of sight, but no vertigo. Her bowels are constantly costive, tongue slightly furred, pulse small, sharp, and quick. The catamenia have disappeared for the last six months.

June 14. Dr. Thomson saw her, and ordered her a dose of calomel, to be followed by a black draught, and the following medicine: iodide of arsenic one grain, extract of conium half a drachm, to be divided into ten pills, one to be taken every eight hours; three grains of hydriodate of potash, thirty-six minims of liquor potassæ, in an ounce and a half of water, in the interval between each pill. Full diet.

16. She is much the same. Continue the medicines, and take every night the following pills:—blue pill two grains, extract of conium three grains, in two pills.

19. The tumours appear to be more moveable, and she moves her arms with greater freedom. The pulse is softer than before.

In lecturing on the case, at this period, Dr. Thomson observed that he had some difficulty in forming a diagnosis respecting it. Many of the circumstances present might lead to the supposition that it was carcinoma, while there were others at complete variance with this opinion. The symptoms which were favourable to its being carcinoma consisted in the globular character of the tumours, the grouping together of several lobules, in one common capsule, producing an uniform tumour; the whitish colour, and the firm, almost cartilaginous, consistence of the tumours, the intermitting, darting pain which the patient had suffered, being at one time more severe than at another, and extending from the breast down the arm—symptoms and signs more or less frequent in carcinomatous deposits. The facts against the opinion of carcinoma were the want of granular structure in the tumours, the absence of cachectic sallowness of the countenance, the general good health of the patient, and the want of the predisposing causes of carcinoma, the abuse of spirituous drinks, &c. This woman, however, had suffered considerably from mental depression, and considering this to be carcinoma, the affection of the mind might be laid down as the predisposing cause. The want of bulk in the tumours was also unfavourable to the opinion of their being carcinomatous. If the disease were not carcinoma, to what class of cutaneous diseases did it belong? The nearest resemblance to it that the lecturer knew, was the molluscum pendulum of Bateman; for though in that disease the tumours were generally pendulous, it was by no means invariably the case. He mentioned these facts to show the extreme difficulty of forming a diagnosis of the case. Under these circumstances he had determined on treating the case by the medicine ordered on the 14th of June. If the disease were carcinoma, the combination there employed would be useful if anything could be of benefit. He had attended a lady, 46 years of age, who had incipient cancer in both breasts, the tumour on one side being fixed, on the other moveable, accompanied with a severe darting pain; the arms had become oedematous, the health was rapidly sinking, hectic fever had set in, the tongue was white, the nights restless, the complexion sallow and anxious. The complaint was decided to be carcinoma, by a distinguished physician and surgeon besides himself. The plan which he pursued was the application of ten or twelve leeches at short intervals during ten months, with fomentations of poppy heads, and the administration of pills consisting of iodide of arsenic and extract of conium every eight hours. The last

was increased gradually, until she took a drachm in the twenty-four hours. Iodide of iron was given in the interval between the doses of the pills, to keep up her strength; she was placed on milk diet, and no stimulants were allowed. She was nearly twelve months under his care, before the end of which time the tumours entirely disappeared, and the patient got quite well. He saw this lady two days since, and she still continued in good health. The result of this case disposed him to try the same plan of treatment in the case of C. B.; viz., the use of small doses of iodide of arsenic to stimulate the capillary vessels, and the extract of conium carried to the utmost dose.

If we looked at the cases recorded by Stoerk, we should find that we did not give conium to any thing like the extent he recommended; it was therefore not fair to give an opinion of its inefficiency in the cure of carcinoma; the liquor potassæ assisted the iodide of arsenic, and improved the digestive organs. Whether it was owing to the plan of treatment pursued he would not say, but certainly the general health of C. B. had greatly improved, and she felt much more comfortable than she did previous to her admission into the hospital. If the disease were carcinoma he did not expect to cure it; but he thought that the medicine would have the effect of checking the progress of the disease. He would not give a decided opinion that the affection was carcinomatous.

23. The patient expresses herself as being more comfortable; the mammæ are more moveable and less tight in every respect. The base of a tumour which had been dissected out is very hard, but with no unhealthy aspect. She sleeps well. Continue the medicines.

26. Tumours very much improved; reduced in size and softer; mammae more moveable. The complexion is improved. Continue the medicines, but add two grains of the extract of conium to each pill.

28. The aspect of the tumour is improved. The patient complains of pains in the lower parts of the abdomen, on which account the use of the iodide of arsenic was discontinued for a few days, and the bowels ordered to be freely opened.

July 2. She continues to improve. As the abdominal pains are gone, let her resume the use of the iodide of arsenic.—*Lancet*.

On Balsam of Copaiva.

BY JOHN PEREIRA, ESQ.

THE principal employment of copaiva is in *mucous discharges from the urino-genital organs*, more especially in gonorrhœa. There are two methods of treating this disease by copaiva: one is, not to exhibit the balsam until the inflammatory symptoms have subsided,—the other is to give it at the very outset, in order to cut short or suppress the disease.

The first method is that followed by the best English and German surgeons. It consists in employing, during the violence of the inflammatory stage, antiphlogistic and soothing measures; and when the inflammation has quite or nearly subsided, or is of a very mild character, giving copaiva with the view of diminishing or stopping the discharge. This is the plan

recommended by Hunter; and you will find the same principles laid down in the published lectures of Sir Astley Cooper, the late Mr. Abernethy, and Mr. Lawrence. It is undoubtedly the safest method of treatment; for though copaiva may sometimes, or even frequently, be exhibited during the acute or inflammatory stage of gonorrhœa, not only with impunity, but with advantage, there is no denying the fact that it has, occasionally, aggravated the symptoms. This, indeed, is admitted by Ansiaux, one of the principal supporters of the other plan of treatment. Many practitioners judge of the propriety of exhibiting the balsam by the quality of the discharge only, and refrain from administering this medicine until the discharge has acquired what is called a gleet character. I believe most eminent surgeons consider the existence of much pain or scalding in passing water, an irritable condition of bladder, or violent chordee, as contra-indicating the use of copaiva; while the absence of these symptoms may be regarded as permitting or indicating it.

The second method of treating gonorrhœa by copaiva consists in exhibiting this medicine in very large doses at the very commencement of the disease, that is, in its acute stage, usually without adopting any preliminary antiphlogistic or soothing measures. The practice is not new, since Jacquin, in 1787, speaks of the employment of the balsam of copaiva in injections, and of an infusion of copaiva leaves internally, in acute gonorrhœa, by the Americans. In Europe, however, it has been recommended or adopted to some extent, only since the commencement of the present century, and principally by the recommendations of Ansiaux, Ribes, and Delpech.

Ansiaux candidly admits that in some cases the practice has been injurious; in one instance he saw it produce acute pain, irritable bladder, and a discharge of blood by the urethra. The second of these writers, Ribes, seems to regard copaiva as a specific for gonorrhœa and all its consequences, including swelled testicle, dysury, ischury, cystitis, nephritis, &c. Delpech speaks of its use in a much more guarded manner; he employs it with the usual antiphlogistic measures, when the inflammatory symptoms are very severe; but when the inflammation is not excessive, he commences at once with the balsam. In fact, his practice approximates much with that usually followed in this country and Germany. The advocates of this second method of treating gonorrhœa say that both copaiva and cubebs cure more easily and promptly, and with less chance of relapse, the sooner they are exhibited after the commencement of the disease; in other words, old claps are less readily cured by them than recent

It has been stated by Delpech and Ricord, and I believe the experience of most practitioners bears out their statement, that copaiva is less successful in the gonorrhœa of females than in that of males. Trousseau and Ansiaux have endeavoured to account for this by saying, that, in the female, gonorrhœa is not confined to the mucous lining of the urethra, but extends to that of the vagina, while the influence of copaiva is principally on the urethra.

Now does copaiva cure gonorrhœa? Cullen explained the influence of opium and copaiva in gleet, by supposing that they induce some degree of inflammation of the urethra, and that when this goes off, the action of the vessels which constitutes the gleet does not return. I am not acquainted with any better explanation than this, unsatisfactory though it be.

Chronic inflammation of the bladder, the Cystirrhœa, or Catarrhus vesicæ, of some writers, has also at times been beneficially treated by copaiva. Delpech relates a case of *acute vesical catarrh* cured by it. But *catarrhus vesicæ*, as usually met with in this country, is for the most part accompanied by considerable irritation, and is, in general, made worse by stimulants like copaiva.

Balsam of copaiva has also been employed with advantage in *leucorrhœa*. Favourable reports of its use have been published by Cattet and Lacombe, by the late Dr. Armstrong, the celebrated Baron Larrey, &c.

In *chronic pulmonary catarrh* this balsam has been employed with advantage. We must bear in mind that its influence over the bronchial mucous membrane, as well as over the general system, is of a stimulant nature, and, therefore, that active inflammation, or a febrile condition of body, contra-indicates its use.

It has likewise been used in *chronic inflammation of the mucous membrane of the bowels*, especially of the colon and rectum.

Dr. Cullen says, "I have learned from an empirical practitioner, that it gives relief in *hæmorrhoidal affections*; and I have frequently employed it with success. For this purpose, it is to be given from twenty to forty drops, properly mixed with powdered sugar, once or twice a day."

Modes of administering balsam of copaiva.—The balsam is sometimes exhibited in doses of twenty or thirty drops on sugar; and it has been asserted that this is the most efficacious method of giving it when we want to affect the urinary organs; but the objection to it is the nauseous taste of the medicine. Some take it swimming on half a wine-glassful of water, to which a few drops of some bitter tincture have been added.

Many persons employ copaiva in the form of *emulsion*, made with mucilage, yolk of egg, or alkalies. If mucilage be used, we must not make it too thick, otherwise it does not mix well with the balsam. To hide the unpleasant flavour, spirit of nitric æther is commonly added. Opium is sometimes conjoined to counteract purging; acids (especially the sulphuric) to check nausea.

Velpeau proposed the administration of balsam of copaiva against *gonorrhœa* in the form of *lavement*. Here is a formula for exhibiting it in this way:—Take of balsam of copaiva two drachms, the yolk of one egg, and distilled water eight ounces: make an emulsion, then add tincture of opium 20 or 30 drops. The quantity of balsam employed may be gradually increased to 6 or 8 drachms. By this mode of exhibition, the nausea and vomiting, which are so frequently complained of when the balsam is taken by the mouth, are entirely obviated. I must refer you to Velpeau's work, "*Recherches sur l'emploi du Baume de Copahu, administré en lavement contre la blennorrhagie*," for further information. I may just add, that he asserts this method of administration almost always diminishes blennorrhagic discharges both in males and females, and in many it completely stops them. He has also found it beneficial in non-venereal puriform discharges from other mucous membranes. In conclusion, he says that the balsam may be used in the form of lavement in all the cases in which it has been administered by the mouth.

Pills of Copaiva.—Starch, gum, magnesia, rhubarb, and various other substances, have been employed to give a pilular consistence to balsam of copaiva. Calcined magnesia, proposed in 1828 by Mialhe, is by far the

pose; and his formula for making copaiva pills, of which the copy, has been introduced into several continental Pharmacopœias as into that of the *United States*.

Mialhe's Copaiva Pills.

ounces of balsam of copaiva, and one drachm of recently prepared magnesia. Mix them, and set the mass aside until it acquires consistence, which it usually does in the course of six or eight, though sometimes fifteen or twenty are required. Then divide

the solidification of the mass is this: the acid resin of copaiva (or *pic acid*) unites with the magnesia, and forms copaivate of magnesia. The oil of copaiva is merely absorbed by, not chemically combined with, the magnesia.

It is however, that the quantity of magnesia required for this purpose is the same for all varieties of copaiva; moreover, the time occupying the solidification is not constant. Faure has shewn that one drachm for the formula just given) of Bourdeaux turpentine

(*Pinus maritima*), very much promotes this process; but it is the observations of MM. Guibourt, Lecanu, and Blondeau, that turpentine (procured from *Abies pectinata*) is not equally

promotes the solidification of *copaiva*.—The French have recently proposed a mode of exhibiting copaiva,—namely, enveloping this balsam in a gelatinous capsule: and we now find boxes of Mothe's "*Gelatine de Copahu balm*" in many of the druggists' shops of London.

The capsules are of an oblong shape, and contain three dozen olive-shaped pills, each holding the $\frac{1}{32}$ th part of an ounce of the balsam. When swallowed, the gelatinous capsule readily dissolves in the liquids of the alimentary canal, and allows the balsam to escape. The object of this mode of exhibiting copaiva in this form is to avoid the nauseous taste and odour; and I have examined and smelled strongly of the balsam. Ratier recommends to grease and introduce them into the rectum.

of Copaiva.—I much prefer the essential oil of copaiva to the balsam. The usual dose to commence with is ten or fifteen drops, but I have known it increased to two drachms. I have known it to be taken on a lump of sugar.

Copaiva.—Though the resin of copaiva was praised up a few years ago as a substitute for the balsam, it is, in fact, nearly inert.—
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Existence of a Cerebral Murmur,

BY JAMES RICHARD SMYTH, M.D.

Actions of the Brain.—Case 1.—William Joseph Crispin, height 35 inches, was born at the natural period of gestation,

and was then strong, plump, and apparently healthy, in which state he continued for the first month or six weeks, when his mother perceived him gradually to become thin, and at the same time observed that his health was disordered. On interrogating the nurse it was discovered that the child, a short time before, had been exposed to severe cold, and that that exposure had been followed by a fit of convulsions; his bowels were subsequently much confined, and he was feverish and restless. For these symptoms recourse was had to medical advice, and aperient medicines, with the warm bath, were administered with temporary but no apparent permanent good effect.

From that time up to the present, his condition, as regards his health, has been more or less what we now find it. His bowels are always very irregular, and difficult to move by remedies of any sort; their excretions are sometimes dark, but for the most part light coloured. The slightest exposure to cold produces a cough and dyspnoea, which, in the form of a paroxysm, have sometimes been so severe as to terminate in epistaxis. The respiratory murmur throughout the whole of the right lung is healthy, and of course peurile, intense, soft, smooth, and dry. In the subclavicular region of the left lung, respiration is weaker than natural, but all over the posterior part of this organ it is pretty normal. There is no evidence of either functional or structural disease of the heart.

The abdomen is small, hard, and retracted; the liver does not appear to be enlarged. The skin generally is of a dirty clay colour, and there is great and general emaciation, which appears chiefly to result from a total absence of cellular tissue, from which circumstance the muscles of the arms and legs, though small, are beautifully and distinctly delineated. He frequently complains of pain in the vertex, and always when unwell he perspires freely from the head, but from no other part of the body. The mother states, that at these times the perspiration from the head during a night is so profuse as to damp the pillow through the night-cap, while the trunk and extremities are quite dry.

The head, which is, no doubt, a little dropsical, is larger than natural; its circumference from forehead to occiput, is between nineteen and twenty inches. The sutures of the upper part of the cranium are all ununited, and the pulsatory motions of the brain can be both seen and felt in the anterior and posterior fontanel, and along the course of the sagittal suture. On applying the ear to any of these situations, and also over the parietal bones, a brief, rather soft, rushing sound, synchronous with the pulse, is distinctly audible. Over the anterior fontanel and parietal bones it is heard the loudest, and it gradually becomes fainter as the examination recedes over the sagittal suture, posterior fontanel, and occipital bone. To be somewhat more particular in the earliest description of this new auscultic phenomenon, it is an abrupt, brief, rushing, arrested sound, in tone something between a bruit de soufflet and a bruit de rope; not soft enough for the former, nor hard enough for the latter. In its character of intensity it varies of course with the energy of the action of the heart and pulse. When the circulation is excited and vigorous, and the heart, unembarrassed by palpitation, beats steadily and strongly, the sound is most clearly audible.

The veins of the scalp are all considerably enlarged, and very remarkably and distinctly visible. The scalp is quite bald. This boy is pretty active,

and fond of taking exercise. His mental faculties are not undeveloped. The countenance (more particularly the eyes) is clear and expressive. He is exceedingly timid.

What to us, and perhaps to the reader, renders the case now described chiefly interesting, if interesting at all, is the mere fact of the existence of this sound hitherto unobserved, which we have pointed out as accompanying the cerebral circulation. May it be hoped that the zealous cultivators of auscultation,—those who are long familiar with every character and variety of the respiratory and placental murmurs,—will direct their attention to the further and fuller investigation of the sound now introduced to their notice by this similar, or at least analogous phenomenon, which for the present, and with their permission, we shall term *cerebral murmur*.

Whatever remarks we may be prepared to make on the cause of the phenomenon, its mode of generation, with the condition of the cranial bones, and of the brain itself under which it becomes developed, must be reserved for a future contribution; and until we shall have given a few more cases in which it was *present*, and also one case in particular having many pathological points *similar*, but with one, and perhaps only one point *dissimilar*, may be additional, in which the phenomenon was *absent*. In this latter case we are disposed to think the pathologist may find himself furnished with a few facts, not altogether new, but certainly remarkable, and of sufficient importance to merit some little attention. It was a case of chronic hydrocephalus, in which the operation of tapping the brain was performed at least ten times, and in the treatment of which my distinguished and esteemed friend, Dr. Baird, with the late Mr. Vance, took a lively interest.

By the way (if it be not out of place), we would here remark, that, on a cursory consideration of the physical symptoms of this case, the symptoms, as will be seen, of the last stage of the disease, were in connexion with the appearances found in the head on dissection; and on comparing these observations with others made at an earlier period of the malady, we confidently expect further investigation will enable us, by the aid of auscultatory signs, to mark the progress of the effusion into the ventricles of the brain, and the concomitant changes in the structure of the organ in hydrocephalus (chronic), with the same degree of accuracy as daily obtains in certain diseases of the chest;—we allude to the diseases of hydro-thorax and empyema. That, in fact, as in these affections the respiratory murmur is observed to become feeble, faint, and ultimately extinct, as the serous or purulent effusion continues to increase, and the lung becomes more and more compressed,—so in like manner, in chronic hydrocephalus, will the cerebral murmur be found to undergo changes indicative of the increase, or the contrary, of the water in the ventricles of the brain, and the consequent compression and absorption of the cerebral substance. We shall resume our observations on this part of diagnosis and pathology at another time.

Case 2.—Robert Long, ætat. 1 year, pale and emaciated, was born at full time, and was then strong and apparently healthy. He continued to enjoy good health, and to thrive, up to the period of weaning, which took place when he was about five months old. At the age of seven months he was vaccinated, and shortly afterwards he had a severe attack or illness, the symptoms of which were hot skin, head particularly so; lethargic drowsiness, interrupted by frequent startings; bowels much disordered, and the discharges green and slimy. During this attack which lasted for some

time, the child became considerably emaciated, and has ever since been more or less unwell. Of late he has recovered, in some degree, his flesh, but not his spirits. The alvine excretions are stated to be at present pretty natural; he sleeps tolerably well, but with the eyelids considerably apart; the skin generally, and the mucous membrane of the mouth and tongue, are abnormally pale. He is not emaciated, but the muscular system is soft and flabby.

The head is large, and is stated to have been so from birth. Its measurement is as follows:—circumference (from forehead to occiput) twenty-one inches, from each meatus auditorius over the vertex fourteen inches.

The *cerebral murmur* is very audible at all points of the head, but loudest and clearest over the parietal bones and fontanel.

Case 3.—Hannah Moore, ætat 18 months, was born at the natural period of gestation, and was then lusty and apparently healthy. She continued to be healthy and to thrive up to the time of being weaned, at the age of six months, when she gradually became inanimate, pale, and emaciated, as she at present is. The commencement of this child's indisposition, as stated by the mother, was accompanied by a cough and wheezing, which latter affection still continues, and the cough is present at times. The bowels are always irregular, their excretions being, for the most part, fluid and light coloured. The appetite is not deficient: she does not sleep well, in consequence of slight startings now and again; the surface and extremities are generally cold, and she is frequently affected with cold clammy perspirations; the abdomen is more tumid than natural, but the liver does not appear to be enlarged.

The pupils are not dilated; the head is larger than natural, and the anterior fontanel and sagittal suture are still open. On auscultating the skull, the cerebral murmur is audible at all parts, but most distinctly so over the parietal bones and fontanel. In the former localities it has more the character of the *bruit de soufflet*—it is prolonged; in the latter situation it has more the character of a soft *bruit de rape*—it is brief.

At present our time will not permit us to offer any observations on the score of diagnosis or treatment, or to enter into any disquisition on the pathological nature of the maladies of these three young patients. All or most of the symptoms, we should say, directly or indirectly, draw attention to the head, and chronic hydrocephalus in an early or later stage of development, would appear to be the malady more or less distinctly announced in each.

Our next case shall be one of *acute* affection of the head, in which the cerebral murmur was also present.—*Medical Gazette*.

On the possibility of transplanting the Cornea.

By S. L. L. BIGGER, M.B. L.R.C.S.I.

On leaving this country four years ago, Dr. Bigger proposed to himself several subjects for investigation, with a determination of bringing to bear upon them all the information he might be able to collect during his stay in the various scientific capital of Europe. Among these subjects, that

which chiefly engaged his attention was the melancholy condition to which persons are reduced, who labour under hopeless and irremediable blindness, from what has been termed incurable staphyloma. In pursuance of this intention, his first object was to inquire what foreign surgeons had accomplished with the view of repairing this defect; and on making a careful inquiry, he found that in France, Italy, or Egypt, (a country noted for the prevalence of destructive ophthalmia,) the idea of reparation was regarded as visionary, and nothing beyond mere palliation had ever been attempted. In Germany alone, the project which had occupied Dr. Bigger had been frequently considered, namely, that of *excising the morbid cornea, and replacing it by a healthy structure, taken from some of the inferior animals.*

The first place in which mention is made of this operation, is in an inaugural dissertation by Moesner, published at Tübingen in 1823. From the results of his experiments, he was led to the conclusion, that as the cornea would not unite with the surface from which it was cut, it would *ut a fortiori* unite with any other. In 1824 F. Reisinger replaced the cornea, which he had removed from the eye of an animal, by another, and closed the lids by a ligature; adhesion took place; and in twenty days one half of it had become clear. The details of this operation are to be found in the Bavarian Annals for 1824, Tom. I. Stuck 1. The possibility of accomplishing this desirable object was, on the other hand, strongly denied in 1827, by Sehön, in the 23rd volume of Rust's Magazine. It appears, however, that he did not institute a single experiment. Drolshagen of Berlin attempted the operation twice, without success, in 1834; the transplanted cornea united only partially, and became more or less shrivelled and opaque; as also happened in the experiments of Himly and Stilling. It failed, too, in the hands of Dieffenbach, a surgeon greatly celebrated for his ingenuity and success in various kinds of reparative operations. He was of opinion that the foreign cornea would not adhere, or if it united, that it would become so turbid and opaque as to be wholly unserviceable. His experiments, and those of Himly and Stilling, are to be found in the first volume of Ammon's *Zeitschrift für Ophthalmologie*.

Dissatisfied with such conflicting opinions, Dr. Bigger determined to put the matter to the test of experiment, and accordingly commenced a series of investigations on the subject, to which he was still further encouraged by meeting with an inaugural thesis, published by Wilhelm Thomé, a candidate for the degree of Doctor, in the Friedrich Wilhelm University on the Rhine, in which eight experiments are detailed, all followed by very considerable success.* Dr. Bigger gave a full trial to the plan proposed by Thomé, but does not approve of it. The knife employed by Thomé, which is spear-shaped and double-edged, does not answer the purpose for which it is intended, namely that of cutting off the cornea with a single incision, both edges of the instrument acting simultaneously. It is moreover likely, from its shape, to endanger the iris; and is even inferior to the knife used by Beer in the operation for the extraction of the cataract.

This, and several other knives of his own invention, were tried by Dr. Bigger, but ultimately rejected as deficient in some important requisite. At last by adopting a new modification of the operation, Dr. Bigger suc-

ceeded in rendering the removal of the cornea a safe operation, and easily practicable by a steady and dexterous hand. Having fixed with a ligature the upper eyelid of the animal from which the cornea is to be taken, he introduces Beer's cataract knife (holding it horizontally, and at first directing it a little backwards, so as to insure its passing through all the layers of the cornea,) with its edge turned upwards, into that part of the cornea situated about a line or more from its most inferior junction with the sclerotic, and about the same distance external to the mesial line of the eye. He then pushes on the knife for the space of one or two lines, inclining the handle, so that the point of the knife may be brought forward, and caused to pierce the cornea again, at a distance as small as possible from the point of the entrance. The knife should now be pushed on, when it will make as large a section as may be required, which being turned down, is to be cut off with a pair of scissors. The eyelids are then to be closed, to prevent the escape of the crystalline lens and vitreous humour. The excised cornea should be placed on a slip of cork, and the curved needles, carrying very fine ligatures, (two, three, or four in number,) should be passed through the cornea and the piece of cork. The latter, which has been chiefly used as a support to enable the operator to pass the needles through the tough layers of the cornea, should then be broken off, and the cut surfaces of the cornea should be kept moistened with some of the secretion from the eye. The surgeon then proceeds to perform the same operation on the eye to which the cornea is intended to be transplanted. Having done this, and closed the lids for a few moments, until the spasmodic action of the muscles of the eye diminishes, the operator proceeds to adapt the cornea to its new situation, and for this purpose, inserts the point of his needle carefully between the margin of the now prolapsed iris and the remains of the cornea, and pressing externally with the nail of the other forefinger against the point of the needle, so as to make it pass through the cornea without dragging or injuring the eye, draws out the needle. To accomplish the latter object, Dr. Bigger was often obliged to use small forceps, and in this case, the thumb and finger nails of the other hand must be pressed closely and firmly against the cornea on either side of the needle, to obviate any injurious disturbance or dragging of the eye. The ligatures should then be carefully tied, and the ends cut off. Dr. Bigger has found two ligatures to answer the purpose quite as well as four. Finally, the operator cleans away any lymph or blood which may have collected on the eye, and concludes the operation by smearing the eyelids with a little spermaceti ointment.

In operating upon animals, the chief difficulty arises from the struggles of the animal; even the slightest motion perils the integrity of the iris. This accident frequently occurred in Dr. Bigger's experiment, and he acknowledges, that if the operation were brought to bear on the human subject, the iris would be in very great danger, in cases where opaque albugo intervened between the edge of the knife and the operator. Besides slight motion on the part of the patient, or any unsteadiness on the part of the surgeon, might cause either injury of the iris, or the slipping out of the knife, so that the cornea could not be separated with a single stroke. In the latter case Dr. Bigger thinks it would be highly injudicious to proceed with the operation.

The mode which Dr. Bigger has employed for securing small animals, such as marmots, rabbits, &c., is to enclose the animal in a box, with a hole just large enough to let the head pass through. A much better way, however, particularly in the case of small animals, is to swathe the animal in long towels, which are to be brought rather tightly around the neck, to prevent the escape of the fore feet. The animal is then to be secured by an assistant holding it against his breast, with the croup and hind legs under his arm, whilst with both hands, he can fix the head by the ears and chin.

In November, 1835, shortly after his return from Egypt, Dr. Bigger operated on two rabbits by a mutual transplantation. In these operations three ligatures of fine silk were employed. In both the lens escaped, and the iris was injured. There was great inflammation and tumefaction of the conjunctiva, so as to render it difficult to find the ligatures, which were removed forty-eight hours after the operation. At this period the cornea was adherent at the points where the ligatures had been applied, leaving small lacunæ on either side, filled with white coagulated lymph. In these experiments Dr. Bigger secured the eyelids with a ligature, with a view of preventing the animal from scratching or rubbing the eye, but found that this only added to the inflammation by confining the discharge; and he afterwards ascertained that the precaution was wholly unnecessary, as the pain caused by touching the inflamed parts is sufficient to prevent the animal from using any injurious violence.

Eighteen days after the operation, the implanted cornea appeared whitish and opaque, and large red vessels could be seen passing from it to the adjacent cornea. The iris was considerably inflamed and irregular, and the aqueous humour was turbid, and in quantity beyond the normal amount. On the twenty-fifth day the inflammation was considerably diminished; the cornea was much contracted, a circumstance which occurred in many other cases; but the opacity had cleared away at many points, particularly at the superior portion of the cornea. On the thirtieth day violent inflammation occurred in one of the rabbits, without any evident cause, and terminated in a copious deposition of puriform lymph in the anterior chamber. At the end of ten days it subsided, and Dr. Bigger found that the eye in this rabbit was not at all injured thereby, but was rather clearer than that of the other, which had gone on improving. In both there were some spots of the cornea perfectly clear; and it was plain, from the motions of the animals, that they could see, although evidently not distinctly. In running to take food presented to them, they seemed to be incapable of accurately calculating the distance of the object, a defect which Dr. Bigger is inclined to attribute to the loss of the lens. The lymphy deposition in the anterior chamber of the eye which had suffered from secondary inflammation, became in a great measure absorbed; and what remained floated about loosely, and did not interfere with vision. On the fiftieth day, the cornea was still farther contracted, but perfectly pellucid in the centre, and surrounded by the appearance of an irregular ring, which marked the situation of the cicatrix. No further improvement taking place, the animals were killed on the sixtieth day.

Dr. Bigger's next experiment consisted in removing the cornea from six rabbits. Two of them were immediately replaced on the eyes from which they had been taken, the other four were mutually transposed. In two

the iris escaped injury, and these were the cases which succeeded best; in those to which their own cornea had been restored, the iris became adherent; and in one, the pupillary opening became perfectly closed, so as to require an operation for artificial pupil. In one of these cases the success was very remarkable; vision was much more perfect, and there was less contraction of the implanted cornea. In all, however, the animals continued to enjoy more or less power of vision.

About this period, Dr. Bigger became acquainted with the method pursued by Wilhelm Thomé, and performed with his knife, an operation on a pointer dog which had an opacity of the cornea from injury. The implanted cornea in this case was taken from the eye of a wolf. Two ligatures only could be applied, in consequence of the struggles of the animal, and two days afterwards the dog made his escape to the woods. From this period, nothing was heard of him, until at the end of three months, when he returned in a half famished state, but with a very remarkable power of vision in the eye which had been operated on; a triangular cicatrix, about one fourth of the size of the original piece, was almost all that remained, and very little of this cicatrix intruded upon the axis of vision. It appeared as if the transplanted part in contracting had drawn the clear cornea of the side forward, so that although the operation had only a partial success, it furnished a useful hint with respect to the general success of the undertaking: viz. the advantage derived from removing so more of the diseased cornea than is absolutely necessary, as the sound portion which remains may enact a very useful and important part in the reparative process. In this case, the iris was attached to the inferior angle of the cicatrix. Dr. Bigger has observed this in many of his experiments, and attributes it to the predominance of inflammation in the inferior part of the eye, a fact which he has noticed on numerous occasions.

On his return to Dublin, Dr. Bigger commenced his experiments anew: of these, he has now performed eighteen. The subjects of the first and last, two rabbits, were presented before an evening meeting of the King and Queen's College of Physicians, on the 18th of May last. They were examined with great interest by the members and visitors present, and the degree of vision which one of them evidently possessed, reflects the highest credit on the ingenuity, patience, and manual dexterity of the scientific operator. The results of these eighteen experiments were: in ten, the iris was injured; in eleven, the crystalline lens escaped; in seventeen, union took place between the implanted cornea and the adjacent surfaces in forty-eight hours, so as to admit of the withdrawal of the ligatures, which are always a great source of irritation; in four, three ligatures were employed; in fourteen, only two, and with equally favourable results; in twelve, adhesion of the iris to some part of the cicatrix ensued; in one, sloughing of the cornea and destruction of the eye took place, an event which arose from the cornea being kept for half an hour without applying it, with the view of ascertaining how long it would be likely to retain a sufficient degree of vitality to enable it to unite. Dr. Bigger is inclined to think, that, generally speaking, a delay of this space of time would be prejudicial to the success of the operation, and that it may be always avoided by common dexterity on the part of the operator. Of the whole eighteen experimented on, sixteen recovered imperfect vision.

The difficulty of performing the experiment in such a way as to afford a

chance of preserving the transparency of the implanted cornea, was a source of much disappointment to Dr. Bigger, and for a long period he could not succeed in devising any means for this purpose, until after his eighth experiment at home, when he discovered that much benefit might be derived from the local application of bichloride of mercury. A weak solution of this salt, gradually increased to the extent of three grains to the ounce of distilled water, and dropped into the eye three or four times a day, after the cornea had become adherent, was found by him to exercise an almost specific action in diminishing the opacity of the implanted cornea. He had made several trials with iodine and the nitrate of silver, but found that although they improved the appearance of the cicatrix, they did not appear to act upon the milky state of the cornea. The only caution necessary to be observed in using the corrosive sublimate is, to begin with a weak solution of it, and not to use it until the implanted cornea is perfectly united to its new connexions.

Dr. Bigger exhibited to the meeting two rabbits, one of which had been treated with the bichloride of mercury, the other had been left to nature; in the latter case nine months had elapsed since the performance of the operation; in the former, only ten weeks. These animals, as has been already stated, were the subject of his first and last experiments at home, and were calculated to show the improvement made in the mode of performing the operation. The difference between them was very remarkable. The eye to which the bichloride of mercury had been applied, seemed to possess a distinct and perfect power of vision; and there was nothing to indicate the existence of a transplanted cornea, but a slight line in the situation of the cicatrix, and some degree of conicality in the cornea. To enable himself and the meeting to judge more accurately of the power of vision in this animal, Dr. Bigger had destroyed the opposite eye. In the other animal vision was very imperfect, not so much from opacity of the cornea, as from the condition of the iris and the deeper-seated tissues of the eye. The cicatrix in this case was large, dense, and of a somewhat triangular form.

With reference to the applicability of the operation to the human species, Dr. Bigger observed, that he thought that in man the chances of success would be greater, at least so far as steadiness during the operation, avoidance of injury, and other obvious circumstances might contribute to that desirable end. With respect to the animal from which the cornea would be taken in the case of the human subject, Dr. Bigger has not yet decided, and invites the attention of comparative anatomists to this point of the investigation. The animal whose cornea he has found to make the nearest approach to that of man is the pig, it is, however, much thicker and coarser in its texture. In a spirit of just and human feeling, he deprecates the removal of the cornea from the human eye, even when permitted for gain by the possessor; but thinks that a person afflicted with incurable amaurosis might be prevailed on to part with his pellucid cornea, which might be replaced by one taken from some of the inferior animals.

He thinks, however, that the operation should not be sanctioned under any circumstances, when the patient enjoys even a tolerable degree of vision with the other eye, at least until our knowledge has been increased by further experiments and observations. He is of opinion that cases of blindness caused by small-pox, ulcers on the cornea, and ophthalmia not

affecting the deeper structures of the eye, would be the most favourable for operation. Dr. Bigger concluded his interesting memoir by imploring hospital surgeons to give the matter their attentive consideration, particularly as experiments and analogy had shown the feasibility of the operation.—*Dublin Medical Journal*.

Effects of Aconite in Rheumatism.

By DR. SIGMOND.

FROM all that has been written by a vast number of men of great practice, of watchful mind, and of the most unquestionable integrity, aconite is one of the most important therapeutic agents in certain states of rheumatism. I have had occasion to tell you that, in the very early stage of acute rheumatism, when the patient has just been seized, and when the muscular system only suffers, DOVER'S powder is an invaluable agent, if blood-letting have not been the first remedy, which it very often is, and that it may be considered a specific; but when the joints are tumefied, when they are painful, and the suffering is aggravated by the slightest touch,—when the swelling is diffused and elastic, and the skin is intensely hot, aconite is the most serviceable remedy with which we are acquainted. It is sometimes extraordinary, when not only the subcutaneous and deep cellular tissue are affected, but even the cartilages of the knee-joint, the periosteum, and the articulating capsules are evidently the seat of rheumatic inflammation, how speedily pain is relieved, and health restored, by the administration of this agent, which Dr. Lombard has reason to consider acts specifically, and great praise is due to him for the revival of a practice which had obtained, in former days, the sanction of the greatest authorities of the continental schools. In gout its efficacy does not seem less decided.

In all the various seats of Rheumatic inflammation, whether the disease have been of long or short duration, however great the agony which has been expressed, however incapable the limbs have been of bearing the slightest motion, aconite has been acknowledged to have proved of the most decided service; the testimonies in its favour are so numerous, that I have felt surprised that, in this country, it has not been a favourite; and I can only attribute it to the want of a good supply for the use of the practitioner, and, certainly, the carelessness with which the herbalist has treated this remedy, has been sufficient to prevent its more frequent employment. It was not Storeck alone who praised aconite; we find not only the German physicians, but the Swedish medical men, loud in extolling its merits, and they are generally slow, but right in the conclusions to which they come. Rosensteen gave an interesting narrative of a young female who suffered almost martyrdom from rheumatism in the hipjoint for no less a period than eight months, but who within two weeks from the trial of this remedy, was restored to health. Blom and Odhelius, in a few words express their satisfaction on employing it at the hospital in Stockholm. Ribe has narrated an interesting case of a female who, besides suffering the most intense agony, and perfect

capability of moving her arms, had her muscles contracted and hardened, so that they almost wore the appearance of ivory.

There are many foreign writers who have added testimonials in favour of aconite, but the one, probably, that outweighs all others, is the benefit which happened to the veteran professor of Materia Medica, at Gottingen, Andreas Murray, who, in his invaluable "*Apparatus Medicaminum*," 1783, "*Possem si opus esset plura rheumatismi exempla curati etiam ex propria experientia addere et nominatim, ischiadis nervosæ cujus ante quatuordecim annos tormenta atrocissima ipse sensi sed vesicatorio et Napello vi discussa.*" When the limbs have begun to be rigid, to lose all power of motion, and even where the muscles have begun to waste away, and however apparently hopeless, from the contractions that have taken place, the case may seem, the number and variety of successful cases give us every reason to anticipate a successful result from this powerful remedy.

Notwithstanding all that has, at different periods, been urged as to the use of aconitum in rheumatism, it would, probably, have been consigned to oblivion, and colchicum would have remained the favourite remedy, had not Dr. Lombard, of Geneva, instituted his experiments, which have, at our hands, the warmest eulogiums. In France, the failure in producing a good effect has been uniformly attributed to the very injudicious means of obtaining the extract. It appears there, that it has been a general custom to import from Germany, and from Switzerland, the dried plant, from which, without a proper attention to the degree of temperature, they make their extract. M. Soubeiran, in a valuable paper which is to be found in the "*Journal de Pharmacie*," recommends a mixture made of eight parts of alcohol, and ten of aconite; maceration to go on for ten days, and then filtration; he quotes both Braconnot and Bucholz, who have pointed out that the active principle must be dissipated by heat, in forming the usual extract. The editors seem to coincide with the opinion of Soubeiran, and from their denominating the speltus "*une racine precieuse*," it is evident that the feeling in favour of this remedy has not been diminished. The system pursued, of placing in the hands of a committee of the most distinguished men, any object of inquiry brought before the scientific bodies for investigation, and for drawing up a report, might be followed with no small advantage in this country.

The failures that were so often experienced from the employment of the common extract, either from the presence of too much vegetable matter diluting the active principle, or from some fault in the preparation, induced Dr. Lombard to try an extract obtained from the expressed juice of the plant, subjected to slight boiling, in order to coagulate the vegetable albumen; this was evaporated in a sand bath, treated with alcohol filtered, and then again evaporated at a moderate temperature. He obtained by these means an extract, upon whose efficacy he had, from repeated trials, every reason to depend; the volatile principles were not dissipated, as in the ordinary extracts, and the active principles underwent no modification by the application of heat. This alcoholic extract of monkshood, Dr. Lombard agrees with others, possesses a specific virtue in dispelling rheumatic fluxions which have been determined to the articulations; he believes its power not to be

confined to the immediate vicinity of the articulations, but to extend to the synovial membranes, and to essentially contribute to excite the absorption of fluid effused within them; its action is speedily evinced, and patients have stated to Dr. Lombard, that they have felt great alleviation of their sufferings in the course of an hour; this, however, is not a general law; from twelve to twenty-four hours from the usual period of improvement. A certain degree of excitement of the brain attended upon its administration, marked by a degree of gaiety, great vivacity, and nocturnal visions; in no one case did he perceive any disagreeable effects arise, although he has administered as much as a drachm and a half in twenty-four hours. In only one case did it act as a sudorific; he does not attempt to explain its mode of action, but contents himself with the idea, that it is a specific against rheumatic congestions. It acts upon the excretions neither by altering their appearance nor their quantity. He found it not requisite to combine the aconitum with any other drug, and, therefore, prescribed it alone; he began with one-fourth, or half, of a grain, which he gave two or three times a day. The original paper is in the "*Gazette Medicale*," but you will find all that is necessary extracted and condensed in the "*Edinburgh Medical and Surgical Journal*" for 1835, the outline of the cases from which Dr. Lombard draws his inference is given, and the most important points are very clearly stated.

This power of producing absorption at the joints has, from an early period, been attributed to aconite, and in gout, it had met with the commendations of Stoerck, but it was ascribed to its sudorific agency; and its effects upon the transpiration by the skin, were promoted by confining the patient to bed, and giving him large quantities of ptisan; for this purpose, Rosenstein ordered an infusion of the flowers of elder; sometimes perspiration was thus promoted over the whole of the body, at other times it was confined to the affected part. Gesner observed, that considerable tingling of the skin, pustules full of fluid, and desquamation, followed. The same remark that Dr. Lombard makes, as to the rapidity of its action in rheumatism, is made by many of those who, at an earlier period of its introduction, employed it. Those who had suffered for years, and, indeed, were deemed incurable, are stated to have been free from pain in an incredibly short space of time, and to have had the swellings of the joints completely dissipated.—*Lancet*.

On the use of Conium in Cancer,

BY DR. SIGMOND.

THE power of conium, as a narcotic and sedative, approaches much nearer to opium than do the other medicines of the class which has been the subject of my lectures, and it is upon the nervous system that its agency is more particularly to be observed. It lulls pain with considerable rapidity, when occurring in some of the most sensitive parts; it does not so completely induce sopor as does the juice of the poppy. The state in which an individual under its influence appears, approximates more nearly to stupefaction, from which there is some difficulty of completely arousing him,

and this is occasionally attended by tremors. In very many cases of acute suffering it has been found to enjoy the power of palliating and of essentially relieving, and it can be given with great safety in many of those diseases in which opium, belladonna, and hyoscyamus are acknowledged to be useful. It may be administered in combination with them, or it may be substituted for them, when they have lost their influence. As a specific in any one complaint, I do not believe that it is to be trusted.

Although the great encomiums which it has received in cancer are not altogether undeserved, it by no means has fulfilled the high expectations which the recommendations of Baron Stoeck had excited. It certainly is true, that in many of those painful sores which have been called malignant, and which approximate to cancerous ulceration, soon after its administration the acute agony is very much mitigated, that the discharge assumes a less virulent appearance, and that even the external character of the ulcer wears a somewhat different aspect, and that it is even possible to maintain, "with other appliances to boot," this amendment for some short space of time; even delusive hopes of ultimate recovery have been inspired: the fallacy, however, of sanguine views at last becomes exhibited, for, after this suspension of action, the disease again advances, and, though its rapid strides may be prevented, it ultimately proves the inefficacy of hemlock as a decided curative agent, though it may be acknowledged to be a palliative. Most of the surgeons who have adorned the science of this country, have devoted considerable attention to carcinoma, and all acknowledge how many points of difficult explanation invest the subject: it is a source of the most anxious investigation, for not only must diseases be accurately distinguished one from the other, but there must be a conscientious feeling of the necessity of judging when the knife is to be employed, and when the fearful and painful operation is to be avoided. The physician who knows the truth of Hunter's observation, that "the necessity for operation is, in truth, the defect of surgery," is called upon to discover what are the means by which incision may be rendered unnecessary, pain alleviated, life rendered less burdensome, and its days protracted to the utmost span.

In the earlier stages of cancer, in that state in which scirrhus only exists, the pain is alleviated by hemlock; it is at first, however, so transient, as scarcely to require any anodyne, but at that stage in which a change is about to occur, which is denoted by the skin wearing a dusky or livid red, with an appearance of a shining tension, the suffering becomes more decided; instead of a shooting pain, occasionally felt, it becomes distinct and frequent, like the darting of a sharp instrument, or, as it has been termed, incinacinating, and there is a sense of heat or of burning. In this state great relief is afforded by narcotics generally, and particularly by hemlock, which appears to reduce, in a singular manner, the acute sensibility of the system; it likewise seems to retard the moment when the tissues become infiltrated with serous, gelatinous, bloody, or purulent fluids.

In the various indurations of the mammary glands which excite suspicion as to their ultimate tendency, from their occurrence at a particular period of life, it is in your power, by cautious watchfulness, by enforcing the strictest regularity of diet, and by the exhibition of appropriate remedies, to ward off, for a great number of years, and, indeed, sometimes to suspend, during life, any further development of diseased action; and although you cannot expect in every instance to be enabled to carry into effect this most desirable object, you will, in a great number of cases, succeed in checking

the advance of the malady, in mitigating the severity of the pain, and in palliating the worst features that present themselves to you. Age has, it must be remembered, a very considerable influence on the development of carcinomatous tumours, and they will run with much greater quickness through their sad career in a female at the age of forty-five, than they will when they attack a woman who is sixty years of age; they will at that, or at a later period of life, remain for years without any advance, continuing perfectly stationary to the last hour. In such cases exposure of the part to atmospheric influence must be prevented by the application of belladonna plaster, or of hemlock, and these, alternated, sometimes are more influential than when kept constantly employed, or, at any rate, the patient believes so.

In that carcinoma which, in the female breast, begins from a very small spot, and radiates from thence as from a central point, in different directions, and which, as the progress of the disease advances, exhibits itself in firm white bands, like thickened and compact cellular substance, which may be easily traced through the fat, you may, for a very considerable length of time, keep the disease in abeyance, and allay the general constitutional irritation, by the application, externally, of conium, and also by its occasional internal administration; and to this has been added the watery diet, as a further prophylactic means, advised by M. Pouteau, and carried into effect by John Pearson.

Although there may be some opinions to the contrary, and though these opinions have been asserted by some distinguished physicians and surgeons, I think you will find that the general impression is, that cancer of the mamma is not to be considered as a local alteration of structure, but as a proof of a general diathesis, and that by the removal of the local lesion, we not only do nothing but remove merely the symptom of the general disorder, but frequently cause greater danger, and sometimes accelerate a fatal termination; even those who believe that schirrus is a local disease, acknowledge that there is a point at which it contaminates the system. Thus, Sir Everard Home thinks that no cancerous disease was ever so in its origin, but that when parts have been long in a diseased state, there is no security against their not ultimately taking on a cancerous action. Mr. Travers believes that the system is not contaminated till the scirrhus tumour begins to ulcerate in its centre, and that the matter of the poison is generated, not by the action which forms the tubercle, but by the series of actions instituted to destroy and remove it. The object which I have to impress upon your mind is the duty of examining the therapeutic agents which we possess, which may prevent the necessity of the performance of an operation which, from the earliest annals of our art to the present moment, has been pronounced not only to be dangerous, but to hasten the termination of human life. The language of Hippocrates on this subject is very striking, and I will show you that after a lapse of two thousand years, his descendants come nearly to the same conclusion as he had formed, and had expressed to his contemporaries. He says, "it is better not to cure all latent cancers, for those who have been cured die quickly; those who are not cured may last a longer time."

But the chief of surgeons, the experienced Celsus, speaks still more explicitly, when he tells us that "some employ escharotics, some the actual cautery; others remove it by the knife; but no medicine has proved of service to any. When cauterized, the cancerous parts are quickly irritated,

and increase till death takes place; if extirpated, even after the wound has cicatrized the disease returns." Paul, of Ægina, maintains nearly the same opinion; the remedies that he proposes are the narcotics, more particularly the *solanum nigrum*, externally applied, in the juice of which he recommends folded linen to be immersed, and then spread upon the diseased parts. He it is who gives us the derivation of the word *cancer*, which was employed, he says, in consequence of the veins swelling, and extending like the claws of the crab, whilst others derive it from the outstretched claws with which the crab seizes any aquatic animal.

In later days the judgment of such a man as Dr. Monro may be quoted in confirmation of ancient authority; he says that of nearly sixty cases at which he had been present during their extirpation, only four patients remained free from the disease for two years. He doubts the propriety of any excision, remarking that upon a relapse, the disease in those he saw was more violent, and made a much quicker progress than it did in others on whom no operation had been performed.

In a number of "Rust's Magazine" is a very important review of the surgical clinique at the University of Breslau, which contains some observations from the note-book of Professor Benedict, who tells us that he had performed ninety-eight amputations of the breast; two ended fatally, from exhaustion, during healing of the wound, and in all the rest, with the exception of thirteen, the disease returned after the wound was healed, and terminated in death. With regard to the remaining thirteen, the author is morally convinced that in several cases an error of diagnosis was committed, and breasts were removed that were merely affected with scrofulous tumours, sarcoma, or some other innocent change of structure. If all medical men had the honesty and candour to proclaim their want of success, and the truths that have burst in upon them after long experience, what inestimable advantage to the suffering sick would be the result! What a treasure to the medical man to guide him on his onward path.

I hope I do not take too much upon myself when I say, that the greater the experience the surgeon has acquired, the more firmly is he rooted in the opinion that the operation is very seldom to be performed, and though such an authority as Scarpa may be quoted against my assertion, that even in the earlier stages, before the enlargement of the absorbent glands, leading from the original seat of the malady, and although Mr. Nooth may have believed that there are indications in the state of the glands which can guide the surgeon, still, only the mildest and gentlest treatment is to be adopted. I will here quote the language of one who, for fifty-seven years, had opportunities of which he fully availed himself to obtain the most valuable practical knowledge; I mean Sir Everard Home, who, in 1830, took leave of the profession in a manner which was honourable to himself, and useful to the community, by the publication of a short tract on the formation of tumours, and the peculiarities that are met with in the structure of those that have become cancerous, with their mode of treatment. Having in this invaluable legacy, stated the principal causes of this disease that came under his notice, so as to explain its nature and symptoms, and their progress in peculiar instances, he is sorry to add that very little progress has been made either towards a cure or prevention. Many tumours, he observes, that were formerly, by violent applications, rendered true cancers, now never take on the disease; he then states, that mild means have been employed with great advantage, and adds:—

“ The treatment in my own practice that calls forth this commendation, is the internal and external use of hemlock, and in proof of its efficacy, in some cases where the medicine was left off, the symptoms became more violent, and, when resumed, abated. Also, when the powder of the leaves was prepared, at the proper season, and the light entirely excluded while the drying of it was carried on, even in confirmed cancerous ulcers, benefit was derived in so great a degree, that the patient could ascertain, from increase of pain, some change had taken place in the application, when powder less accurately prepared was used as a substitute for the other. I have even prevented the operation when the day was fixed, and the patient lived for months under this palliative mode of treatment, without any progress of the tumour, and was carried off by epileptic fits. In many cases the swelling diminished, and in others remained stationary for years, and ~~new~~ afterwards made any advance, so that I am convinced that I had ~~been~~ been too much alarmed, and frequently came to an operation before it was required.”

Such testimony I cannot but impress upon your minds, as the most invaluable admonition from a surgeon of great experience, of first-rate anatomical knowledge, and from one who had studied under him who is recognised as the founder of a school, John Hunter.

In combination with iron, hemlock has been found very serviceable, it was first suggested by Justamond, and Mr. Carmichael, of Dublin, whose essay on the effects of carbonate, and other preparations, of iron upon cancer, contains some very valuable knowledge; he tried it, and, in some cases, the union was attended with evident benefit. In one case the iron produced no amendment until it was united with the extract, and the relief was immediate and permanent.

When the skin covering the immediate scirrhus is no longer moveable, in consequence of the adhesions that have been contracted,—when it becomes altered in its colour, is reddish, or has a darkened hue, is in an irritable state, softens, and ulcerates in one or more points which, at a subsequent period, unite in one ulcer,—when the mass beneath undergoes a very remarkable change, is traversed by numerous blood vessels, loses its former hardness, becomes infiltrated with secretions, the result of morbid action, and the general appearance indicates that the structure of the parts ~~has~~ undergone a considerable change—it is right, at this stage of the disease, at first, to suspend, for a time, the administration of hemlock, and to have recourse to those means which give strength to the general frame, and to soothe and tranquillize the nervous system, without, if possible, the use of narcotics, for the constitution is otherwise so habituated to them, that, in the last stage, in which they ought to prove of essential value, they are too often inert, and fail to give that alleviation of pain, without which the last hours of the unfortunate patient are rendered most miserable.

At this particular period of the progress of the disease, it is, that the preparations of iron afford so much aid, and, whilst they strengthen the health, appear to possess some power over the incipient ulceration, giving it a more healthy aspect, checking its progress, and even, it has been asserted, curing the disease.

The sole benefit which could be derived from the hemlock is from its allaying pain, and rendering the nervous system obtuse, and patients have been kept almost in a state of stupefaction, which, at last, has ended in the loss of reason, or of memory. The great art, at this stage of the complaint,

is to palliate by all the soothing applications, and by avoiding every injudicious stimulus, remembering the golden maxim, that when you can do no good, you must do no harm. It is true that what were formerly called simples, and from which much utility was derived, from the mildness of their operations, such as the juices and barks of our indigenous plants, have been long since banished from the Pharmacopœia, and it now exhibits only a formidable array of poisons. All that ingenuity and art could devise to extract from every substance its concentrated virulence, has been collected together for the purpose of curing diseases, and the most energetic and destructive drugs are allowed to be used by the youngest members of our profession in cases where the greatest nicety and most discriminating judgment are to be exercised; the art of palliation is too often abandoned for an anxious, and for that which might be, under proper regulations, a praiseworthy desire to try new remedies; the stages in which various medicines are useful are neglected; hence our science loses its character; hence the proponents of the most regular and systematic practice of physic, that has gained honour and esteem wherever it is known, are enabled to brand it, as the Homœopaths have done, as conjectural and uncertain.

In the last sad stage of cancer, hemlock, if it has not been so injudiciously employed as to have no longer any efficacy, becomes the chief support and the best friend of the sufferer; it is preferable to opium: it is true it does not produce any of the agreeable influence of the latter drug, but it is fully as quick, and much more permanent, in its sedative and anodyne virtue, and it does not require to be so frequently had recourse to. Heberden first told us, in the last stage, besides the usual distress of fever, the hectic patient is often harassed with pains like those of the rheumatism, which wander throughout the whole body, or remain constant and fixed in one part, and, what is rather strange, often at a great distance from the primary malady, and, in appearance, unconnected with it; he observes, that these pains have been so great as to make no small part of the patient's sufferings, and not to be tolerable without the assistance of opium. These pains, at a very distant part of the body from the seat of cancer, are found principally where the ulceration exists in parts that are exposed to the action of the air, and are frequently met with even where this disease is developed upon the lips, or upon the glans penis; hemlock, in such states, is invaluable, and, indeed, is the sheet-anchor of the medical man in the last moments.

Amongst those distinguished men of the present day who have written on the varieties of diseases which are comprehended under the name of "Carcinoma Mammæ," is Sir Charles Bell, who, as surgeon to the Middlesex Hospital, had such opportunities of studying the disease, he observes, "that the patient, excessively attenuated, will at last sink from the continuance of a peculiar hectic, attended with pain in the lower part of the spine, hips, and shoulders;" it is at this moment that hemlock gives relief, and that I should strenuously commend its use, and I now conclude this lecture with Sir Charles Bell's remarks on the patient endurance of the female of this most melancholy disease; "though conscious that she is dying, suffering the most acute agony, she allows no expression of complaint, or of impatience, to escape her; but, on the contrary, calm and placid, giving an example of unostentatious resignation, and the blessed influence of religion, by witnessing which, the mind naturally reverts to the boasted instances of philosophy in the other sex, which are as nothing in comparison."

—*Lancet.*

COMPARATIVE BILL OF MORTALITY,

From the 27th of JUNE to the 1st AUGUST, 1837.

Diseases.	July 4.	11.	18.	24.	Aug. 1.	Diseases.	July 4.	11.	18.	24.	Aug. 1.
Abcess	1	1	1	3	—	Inflammation of	3	1	—	3	7
Age and Debility	30	22	25	42	25	the Brain					
Apoplexy	1	5	4	7	3	— of Bowels and	2	—	—	17	2
Asthma	5	6	2	4	6	Stomach					
Cancer	—	1	—	2	3	— of the Lungs	5	3	1	2	—
Childbirth	3	1	1	6	—	and Pleura					
Consumption	44	34	31	73	48	Influenza	—	—	1	1	—
Constipation	—	—	—	—	1	Insanity	—	—	—	5	1
Convulsions	31	16	25	34	40	Jaundice	1	—	—	2	—
Croup	2	—	1	—	1	Liver, diseased	2	3	3	3	3
Dentition or Teething	2	4	—	—	2	Locked Jaw	—	—	—	—	—
Diarrhæa	—	—	3	—	1	Measles	16	10	10	25	15
Dropsy	6	9	6	15	14	Miscarriage	—	—	—	2	—
— in the Brain	10	7	6	3	11	Mortification	3	4	2	3	4
— in the Chest	2	2	—	—	1	Paralysis	2	2	4	5	—
Dysentery	—	—	—	—	—	Rheumatism	—	—	1	—	—
Epilepsy	—	1	—	1	—	Scrofula	1	—	—	—	—
Erysipelas	2	—	—	2	—	Small Pox	4	3	2	5	6
Fever	15	17	14	14	15	Sore Throat & Quinsey	—	—	—	1	3
— Scarlet	4	3	4	6	—	Spasms	3	—	—	—	1
— Typhus	4	2	6	2	1	Stone and Gravel	—	—	—	—	1
Fistula	—	—	—	1	—	Stricture	—	—	—	—	—
Gout	—	—	—	—	2	Thrush	—	1	1	—	1
Hæmorrhage	—	—	—	—	1	Tumor	—	—	—	—	2
Heart, diseased	1	1	4	2	2	Venereal	—	—	—	—	—
Hernia	—	—	—	—	—	Unknown Causes	7	30	1	26	87
Hooping Cough	6	7	6	12	7	Casualties	—	—	3	8	9
Indigestion	—	—	—	—	—						
Inflammation	22	23	28	13	15						
						Total	240	219	196	349	287

BOOKS RECEIVED FOR REVIEW.

On the diseases of the Chest, Part 1.—Diseases of the Lung and Wind-Pipe, by William Stokes, M. D. M. R. I. A.

Devergie on Syphilis, translated by T. S. INNES.

Traité Pratique sur les Maladies des organes Génito-urinaires, par le Dr. CIVIALE.

Treatise on the Ear, by H. CURRIE.

Elogium upon Baron Dupuytren, by P. J. translated by J. I. Ikin, Surgeon.

Dr. Spillan's Manual of Diagnosis of the Diseases of the Chest.

The Dublin Journal of Medical Science (exchange.)

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OCTOBER 1, 1837.

DISEASES OF GROWTH.

By THE EDITOR.

It would be exaggeration, absence of observation, and certainly error, in supposing that the diseases which afflict us at different periods of life bore no analogy or identity. There would likewise be error in maintaining that the medicine for adults and children is precisely the same. With infants, general weakness, dentition, teething, the indolence of certain organs, and of the function of these organs, and their evolutions, constitute so many facts and circumstances, to which great importance cannot be denied. Growth is a continual source of disturbance in the functional equilibrium, and has been justly recognized as a special and powerful cause of disease.

As children advance in life, and their organs are developed, and as they assume their functions, the diseases of these organs appear. It seems that the infant must, in acquiring new ties which connect it with life, attain the conquest by a tribute of pain. While the child continues in a state of repose, they are seldom affected with disease, but as soon as they become the centre of activity, they become the centre of disease. The head is the part of the system which is earliest formed. It is towards the head that all the forces of growth tend; in plants, also, the progress of growth is manifested in the most elevated parts. At the period of dentition, the effort of growth gives rise to numerous affections; and pain, which acts so great a part in all the functions of life, suddenly overwhelms the weak and delicate organization, yet imperfectly organized, spreads disorder throughout the whole economy, and places the child's life in danger. From this moment the head becomes the central point of all stimulation of life—the central point of disease acting as an evil genius, seeking to arrest physical

progress. In all phases of growth, children are exposed to innumerable affections, and these affections follow a regular course, as the shade follows the hand of the sun-dial; pain and sickness very often follow growth.

The head is most prone to disease; nearly all early maladies are complicated, by convulsions, or cerebral phenomena, and the head is covered with eruptions. Cerebral tubercles are very frequent in childhood, a period of life when the education of the senses is effected, when the brain consequently becomes the seat of innumerable sensations, and the centre of strong and continued action; a period at which this organ participates most acutely in the sufferings of the rest of the body, while it is also continually besieged by irritation and phlegmasia.

Intellectual excitation may probably have some influence in increasing the vital action of the cerebral apparatus; at this same period, the senses of sight, hearing, and smell, are differently exercised; the attention is directed and applied; the judgment is formed, and the memory is enriched and enlightened. It is not surprising that this part of the organization, be also more subject than others to morbid affections, and that consequently the alterations of the scalp are more frequent. It is this susceptibility in childhood which gives rise to hydrocephalus.

When the head appears to have reached great development in comparison with the other parts of the body, the effort of growth descending towards the parts placed beneath, these organs are put in action. The larynx, so delicate, so soft in infancy, only produces a shrill and trembling voice, because the cartilages have no resistance, and the ligaments are too weak to give a great number of vibrations. After the first teeth are cut, the terrible diseases which threaten the life of the child may occur; croup, hooping cough, inflammation of the larynx; and as soon as the respiratory organs increase in action, as though the skin, which has so much influence on them, was to be their echo, numerous eruptions break out,—scarlatina, measles, variola, herpes, pustulas; there exists a continual struggle of the principle of the evil against the tendency the child has to live.

This intimate relation of the internal part of the body with the external part, this admirable equilibrium between the skin and the membranes, never appear to more advantage than in cutaneous diseases. If herpes, or breaking out on the skin, be suddenly suppressed, it is not cured, it has only changed its situation; if driven from the surface of the body, it takes refuge in the lungs, or any other viscera; sometimes seriously threatens the life of the individual.

As children increase in height, the ligaments that unite the bones seem drawn; sometimes there is local irritation; and if the tissues want strength, if the child be not well constituted, and unable to bear the effort of growth, the fluids accumulate between

the extremities of the bones, in the synovial bursæ, and give rise to white swellings, not easily cured, and which sometimes necessitate the amputation of a limb.

When happily the disease has not reached such a degree of intensity, the effort of growth is then manifested by pains in all the joints, acute, and sometimes excruciating pains, though not of long duration. It often happens that with young and weak subjects, of lymphatic temperament, there is excess of white fluid in the economy, and when these fluids are not fixed in the joints, they accumulate in the glandular organs, and form strumous lumps, easily recognized, by the place they occupy in the different parts of the neck. These glandular tumours are speedily cured, when they are merely strumous, and that the principle is not positively tuberculous. In combining what is due to the whole of the economy, with what the peculiar state of growth demands, the tumours are reduced, without the formation of those unsightly cicatrices so detrimental to female beauty, the fatal result of the want of proper care, and of a scrofulous constitution.

The first diseases of growth attack the head, then the larynx, then the chest, then the articulation and the glands, then the abdominal organs. Such is the general course of natural growth; but there are many irregularities in this course, irregularities arising from the state of individuals, their hereditary constitution, the accidental constitution developed by education: but while these organs tend to their perfect development, there is still a system of concealed organs, the growth of which has but little external evidence,—we allude to the osseous system. These organs, less exposed than the external parts of the body, seem at first only to be affected by the weight or traction of the muscles.

Various other causes act on the osseous system. Among the first may be placed the more or less healthy constitution; then all the debilitating circumstances which act on the economy. The bones do not consolidate when all parts of the body languish, and it is then that weight and traction of the muscles may induce great change in the shape, and ruin it for ever, if correction be neglected during the period of growth.

When the bones are soft they are easily depressed, and the bones only begin to harden when the whole economy has received its full development. How many deviations take place from the period of seven to fifteen and eighteen years; deviation consequent on bad habits; deviation through excess of application; deviation through want of proper nourishment; deviation from the natural constitution.

During growth there is always imminent danger; at the time children study drawing and music, deviations mostly take place. There is so little discernment in what concerns physical education, so small a share of attention has been given to this interesting sub-

ject, that children grow without the least direction, or advice, or correction ;—in a word, without any physical education.

While all the organs of the body are developed, the bones are equally developed, but in a slow and progressive manner ; there is no pain in the bones, but much suffering caused by extension of the ligaments and joints. When food is good, exercise moderate, the direction normal, the human plant grows upright and well ; if any of these conditions are wanting, it languishes, and droops as a young tree, to which a heavy weight has been suspended.

If there be many mysteries in the laws of life, there is also much mechanism, easily understood. To bear in mind the one without the other, is totally to misunderstand what is due to youth. There is no osseous deviation that cannot be cured in early life : it is one of the glories of our century to have brought the science that treats of the means of improving the human frame to so great an eminence. But the mechanical part would not alone suffice ; it is not always by forced exercises, by repeated attitudes, that all deviations take place. A celebrated physiologist, making experiments on the scrofulous bones of individuals mostly affected with disease of the bones, justly observed, that these bones wanted the phosphate that hardens them, and contained a large quantity of gelatine ; that being admitted, it is easy to understand that the gelatinous bones could not support the weight of the body nor the effort of the muscles, and until means be found to introduce into the economy principles that would restore the bones to their normal state, there is no method of treating scrofulous diseases, nor the alterations of the bones, so frequently encountered. However this may be, these different circumstances must always be thought of during growth, in order to discern the diseases which attack the shape or nature of the bones. The bones may therefore be altered in their nature, as in scrofula, rickets ; in shape, as in deviations of the spine or limbs ; and in all cases there must be peculiar treatment. An enlightened physician can alone correct the vices of the organization ; the medical attendant becomes the director of physical education ; which education can only be effectual in infancy.

In intellectual and moral education, however powerful a habit, it may be corrected ; moral inclinations may have elasticity, but this is not the case in physical growth. Let us suppose the vertebral column with a curvature to the left, necessarily the cartilages separating the vertebra will be depressed ; if no treatment be employed, these cartilages will be unequally developed ; on the left side, the cartilage will be small, on the right side, large. If an attempt be made to straighten the individual, it will be impossible ; the cartilage unequally developed will be a prevention. If the patient be old there is no hope, if young this mechanical obstacle cannot be of long duration ; orthopedy and gymnastic judiciously combined, will easily overcome the obstacle.

But it is not the osseous system alone which is affected; the blood—principle of all nutrition and growth, may also be vitiated. The blood, called by Bordeu, liquid flesh, the particles of which serve to nourish the organs, may be altered in their vital principles. The blood is either too rich, or too poor; in the first case, it gives rise to acute inflammatory diseases; in the second case, it causes low fever, characterized by weakness and paleness of the tissues. These two states of the blood resume nearly all the diseases of growth; for if a young person be developed too rapidly, so that equilibrium be wanting in general growth, the blood rushes to the head, the heart, or chest, and there accumulates; congestion rises, and unless relieved by some accidental loss of blood, either from the nose, or in young girls, by the establishment of puberty, there is much cause to fear illness.

When on the contrary, the blood is poor and aqueous, it does not suffice for nutrition and reparation of the organs; the water contained in the blood cannot be transformed into flesh; all the tissues of the economy languish, the skin whitens, the whole body is in a state of weakness, indicating the absence of restorative principles. The lungs, to be organized, require a greater portion of blood; the heart beats more rapidly, being obliged to make up for the quality by the quantity of blood. This fact explains palpitations of the heart in young girls affected with chlorosis, in persons with scurvy, and all individuals having poor blood.

At no time of life does the state of the blood require more attention than during growth, for blood is the principle of all reparation, and all increase of size; it is impossible to suppose that aqueous blood may suffice to support organs in their development: but if the blood be rich during the adult age, a certain quantity only is necessary for the maintenance of the organ. The human being having acquired all its development, it is merely requisite to remain in the same state. This is not the case with children, there must be abundance of nutritive fluid, because the body grows, and the blood not only keeps the organs in their actual state, but contributes to their development.

When the blood is aqueous, man, says Andral, seems to descend in the zoological scale, and his blood has a tendency to become analagous to the pale blood of certain animals; this serous state of the blood may be easily ascertained by mere inspection; but there are other alterations of the blood, which must be admitted by induction and reasoning. If, for example, says Andral, we inhale impure air, containing deleterious particles; if we take unwholesome food, and through the influence of these causes, we lose our health, physiology leads us to think that the blood has been the vehicle of morbid matter, existing either in the air, or in our food.

If it be physiological to admit, that bad food must produce bad chyle, bad blood must be the natural consequence, and it of course follows, that bad flesh will also be the result.

But air and nourishment are not only the principles of the alteration of the blood, children grow with the constitution they have inherited from their parents.

Blood may be considered as the chief principle of all nutrition, of all growth. When there is excess of blood, the sanguine fluid seeks its equilibrium in the vessels; being, like all other fluids, in continual motion, the strength of life can alone renew it equally, and when by chance, this equality is destroyed, inflammatory diseases arise in any organ to which a rush of blood takes place; we then have the phenomena of inflammation, redness, pain, swelling; but we have also a potent remedy in blood-letting, as if in diminishing the quantity of blood the object of nature was gained.

The complicated phenomenon of inflammation seems to be intimately connected with nutrition; one of its most constant results being the increase of size of the inflamed part.

In the phenomenon of growth there is undulation of the fluids in the vessels; there must be more blood than is requisite for the nourishment of the organs, as the body has not acquired all its development: it is this excess of fluid rushing towards the different parts of the body which subjects young people to nasal hemorrhage. It is the profusion of this nutritive fluid in the growing organ which causes pain, and a sort of inflammatory tendency. Nature acts by gradation; it is not in a day, not in a year, that the human being reaches complete development; it is after numerous revolutions, crisis of growth, during which the blood makes efforts to complete the growth of some organs. In the works of nature there is the same admirable order as in the works of art, the individual is first sketched, then continued, then finished. At the period of puberty, when the blood is spread in the whole economy, and its full development is nearly attained, an organ is suddenly roused, and becomes the centre of all fluxionary movement.

If the functions be established without effort, grace and health are the pleasing results, and the mensual discharge becomes the regulator of all the acts of life; the chest is free, the heart beats normally, the whole body is in a state of comfort, proportioned to the degree of suffering it had undergone previously to the establishment of puberty; in many females, nutrition languishes even until the sexual organs enter into action, and determine a revolution, under the influence of which growth is accomplished.

But when the blood is poor and aqueous, it cannot suffice for the nutrition and development of the individual, and children, instead of increasing, waste away; the time for puberty arrives, but puberty does not take place. In these cases there is no positive inflammatory disease, but constitutional langour; the

fluids do not suffice for the work of nutrition and growth; and if there be hereditary predisposition, this predisposition influences the whole economy, disease prevails, life becomes a burthen, and is very soon extinct.

For debilitated constitutions, medicine is undoubtedly powerful, but science alone cannot effect all that is to be done. It becomes impotent if unaided by social institutions, and if young invalids have not the benefit of wholesome nourishment, good air, and repose. In these constitutions there are not only natural defects, but alterations of the vital parts of the organization. Of what advantage can science be for the poor, while in factories children work from fifteen to sixteen hours a day, confined in a room, and even deprived of good air and the rays of the sun.

Among the higher classes, this poorness of blood is not due to the privation of good nourishment, but mostly to innate predisposition, and still more to premature development of the feelings. In high life, the trouble taken to develop the intellectual faculties, is generally prejudicial to bodily improvement, and it is mostly among the rich that hysteria and hypochondria prevail.

It is also among the great, that we so often meet with excess of sensibility, and that the establishment of puberty encounters so many obstacles; the blood then rushes to the head, or to the chest, or to the heart, or else endeavours to escape by the skin, and is manifest by numerous eruptions, and various diseases; the organs of motion, the bones and muscles cannot support the weight of the body, and its continual action; thence arise those numerous deviations, those curvatures of the spinal column, those inequalities of parts of the body, and those anomalies, difficult to understand, when the laws of growth, and the diseases attendant on their duration, have not been studied. We have laid down as a principle, that physical education consists in regulating growth, and that health depends on growth.

We shall conclude by recapitulating the maladies which affect the head, and upper parts of the body; convulsions, hydrocephalus, hooping cough, croup, angina, diseases of the larynx, glottis, bronchi, and the eruptive diseases which affect the interior and exterior parts of the body; the small pox, the measles, scarlatina, and herpes. After the age of seven, we most generally find glandular swellings, pulmonary catarrh, diseases of the joints, phtisis, spinal deviations, chlorosis; it seems that during this period, the lymphatic fluids have a tendency to predominate.

At this time, there is general langour, flexibility of the bones and tissues, over which the external agents have great influence, that may leave an indelible impression.

During adolescence, or near the time of puberty, the fluids spread in the economy, fix on some organ, and we then meet with inflammation of the chest, the lungs, the heart, the brain, in well made persons having an excess of blood. While in those whose

nutritive fluids are poor, all diseases are characterised by laxity. It seems as though there were not even sufficient strength to resist the disease; and young girls, of delicate constitutions, surrounded by luxury and refinement, suffer from the precocious development of sensibility, and by general derangement of the functions which is very difficult to re-establish.

Such are the diseases by which young persons are affected in early growth. By giving particular attention to the laws of life, and to the development of the human body, all deviations from the natural harmony and health may be restored; unless these cures be effected, there is neither health nor happiness.

FALL on the SPINE.—Paralysis.—Cure.

Hotel Dieu.

On the fourth of July, Edward de la Fontaine, aged 25, was received in the Hotel Dieu.

On the 9th of June this young man fell on his back, from a height of about twenty feet; he was taken up senseless, and remained during five hours: recourse was had to phlebotomy, but no effect came. Sinapisms were immediately applied, and the feet put in very warm water. When the patient came to himself he was found paralysed. It was soon evident that his body and limbs were paralysed. On the following day, the 10th of June, he was bled in the arm, and leeches were applied to the spinal column. He breathed with difficulty, could not retain his urine: no stools. The patient was somewhat delirious, and was in a state of continual aberration. Warm and cold shower baths falling from a distance of ten feet.

11th June, the patient continues the same; bleeding, and leeches applied the length of the spinal column, warm baths continued, and shower baths.

12th, 13th, 14th June. No improvement; the treatment of the former day repeated; to which has been added two large blisters on the calves of the legs.

15th, 16th, 17th June. No alteration in the general state of the patient; bleeding in the arm; no leeches, or shower baths; warm baths continued.

18th. Slight improvement in the general state of the patient, who is still unable to retain his urine; no stools, hard breathing, and acute pains in the dorsal region, of the spinal column. On the 19th, sixteen ounces of blood were taken. Warm baths continued. Aromatic beverage, soothing draught, with musk and camphor taken every day since the accident.

19th and 20th June. The improvement continued, but the patient fainted occasionally, and had hysterical attacks. Treatment continued.

21st June. A blister applied to the spinal column, about twelve inches long and six wide. The respiration continues laborious; the urine still involuntarily voided, and though injections have been administered every day since the fall, yet there have been no stools. The treatment continued.

22nd June to the 3rd July. No change in the state of the patient, excepting in the respiration, which became more laborious; and the sufferer not being able to have medical attendance any longer, made up his mind to go into the hospital.

He was admitted on the fourth of July, and was found in the following state:—No strength, and but little feeling in the limbs, shortness of breath, paralysis of the rectum and bladder, full exercise of the intellectual faculties, great pain in the dorsal region, high fever, want of appetite and sleep. Repose.

5th July. Application of two moxas on a level with the first dorsal vertebræ; aromatic beverage, composed of the infusion of leaves of orange trees; sedative draught.

6th July. Slight improvement; sedative draught; same beverage.

7th. July. Idem.

8th July. Another moxa on a level with the first lumbar vertebra; the patient improves; has had an abundant stercorosis, accompanied by clots of blood; the urine retained; narcotic draught; same beverage; small injection. Broth.

9th and 10th July. Improvement; respiration less laborious; slight purging; same draught and beverage.

11th, 12th, 13th July. Respiration free; no fever. Broth, and same draughts.

23rd July. Perfect recovery.

On the employment of the Root of CAHINCA in the treatment of DROPSY.

No new medicament has better deserved its reputation than *cahinca* root. Since the introduction of this remedy, which is only of a few years date, most practitioners have employed it very successfully. It is principally in cases of dropsy, not maintained by any material cause, that this root has proved beneficial; in symptomatic dropsies it is also useful, as it carries off all serous collections; and although these collections return until the cause be removed, yet this medicament diminishes the severity of the effects of the pain of mechanic pressure, or the extension of the tissues caused by the collections. The success of *cahinca* in all species of dropsy is placed beyond a doubt, owing to its constant good results. It is not found equally beneficial in certain alterations of the mucous membrane; for instance, in vesical catarrh, some practitioners had hoped that this root would act efficaciously in modifying the mucous membrane of the urinary bladder, in case of catarrh of

this organ, but hitherto nothing has justified this hope. In no case of vesical catarrh, in which we have had recourse to this substance have we reason to believe it aided the cure, excepting in appearance; for the vesical catarrh reappeared, with greater persistence and the same characteristic symptoms, notwithstanding the increase of the fluidity of urine produced by the root. We shall wait for more decided proofs of its efficacy in vesical catarrh. Cahinca root has been recommended as an inoffensive purgative, and most desirable when there is fear of irritating the digestive tube. When given in strong doses, the advantages derived from it are supposed to be due to its purgative effects; however this may be, cahinca root produces the most desirable effects in cases of dropsy. It now remains for us to state when it should be employed, and in what doses it should be given in the cases in which it best succeeds; and we shall also bring forward some cases, collected in the *hospital de la Charité*.

On the 13th of May last, a young man of six-and-twenty was admitted into the *hospital de la Charité*. He had been affected with dropsy for the last thirteen or fourteen months; there was no apparent cause for the disease, no previous pain, no lesion of the heart, which was easily ascertained, by the absence of palpitation in this region, and by the normal sounds heard by auscultation. Before he was admitted in the *Charité*, this patient had been treated in various ways, first, at his own abode, then at *l'hospital de la Pitié*. The treatment he had followed in this latter hospital, was principally composed of soothing topical applications on the abdomen, general diuretics, and sinapisms on the legs. These different treatments had produced no beneficial results. Such was the state of the patient when placed under Mr. Fouquier's care, who immediately prescribed,—

Powder of cahinca, one drachm.

Powdered gum, one scruple.

A little syrup of honey.

The patient took this dose once or twice a day. In a few days the urine was more profuse, and the stools more frequent; the dropsy gradually diminished, and the patient was completely cured in the course of a month.

This case was evidently one of real dropsy, not originating in any apparent lesion; it seemed to be caused by excess of serous exhalations in the tissues. The cahinca removed it far more speedily than any other diuretic could have done, and it is probable there will be no return.

In the same ward was another dropsical patient, with whom all the hydragogues had been employed before he came to the hospital. The disease had great analogy with that of the preceding patient; he followed the same treatment, and was speedily cured. We could give numerous examples, of similar success obtained by this method at the *hospital de la charité*, but those related suffice to

answer our purpose, as they serve to show that cahinca root, given as an electuary, is at least as successful as when this substance is administered in any other manner.

The indications for the employment of this root are very varied; the contra-indications are, on the contrary, very limited. In general it may be had recourse to whether the dropsy be general or partial; whether it be acute or chronic; yet its efficacy is never so great as when the affection takes the anasarca form, and passes to a chronic state. Encysted dropsy is not a decisive contra indication; cahinca has sometimes relieved pouches hermetically closed, from accumulations of fluid. However, all things well considered, this species of dropsy is not so easily removed by the *cahinca* root, and in this respect it is as unfavourable as all known hydragogues. When dropsy is chronic, there is no plausible reason for not employing this root. Stoll said, that in cases of severe diarrhea, he never thought he had done everything for his patient unless he had prescribed root of *arnica montana*; the same observation is applicable to cahinca root in cases of dropsy. In acute dropsies, such as sometimes succeed eruptive fevers, and particularly scarlatina, when the feverish action has not quite subsided, there are precautions to be taken before *cahinca* root is employed; the object of these precautions is to allay the fever, by means of diluent beverage, and even antiphlogistics. When the impetuosity of the circulation is diminished, then cahinca root may be advantageously given. Contra indications also originate from an inflammatory irritation of the stomach and intestines; cahinca irritates the gastric tubes, phlogosis must therefore always be allayed before this medicament is administered.

There are various means of introducing this substance in the economy; one or two drachms in a pint of liquid; or else in a powder, from forty to fifty grains to two drachms; it is also given in aqueous extract, from twelve to four-and-twenty grains: in fine, cahincic acid may be given in doses of ten or twelve grains.

These different forms of administering this medicament, should be suited to the peculiar state of the patient. We have just seen that Mr. Fouquier, at *la Charité*, prescribes this remedy with foreign substances, such as honey, or any other substance, which, according to the circumstances of the case, may serve either as a corrective, or auxiliary to the action of the medicinal principle. It must be remembered, that the active agent in this root scarcely dissolves in cold water or in ether, but dissolves easily in alcohol, particularly if it be warm; the medicinal doses of this root, in decoction, are two drachms to a pint of liquid, and from half a drachm to two drachms, in powder, or as an electuary. This quantity is taken in four-and-twenty hours, during seven or eight days; after which it is increased half a drachm a day until it comes to two drachms. It does not appear that there is anything deleterious; for a patient, mentioned by M. Francois, who by mistake

took fifty-two grains of this extract, which is equal to nearly four or five drachms of powder, merely had a bowel complaint, which lasted two days; however, as diarrhea might have proved serious we recommend practitioners to be careful in prescribing this remedy.

On the efficacy of Oil of Cod (*oleum jecoris aselli*) in the treatment of SCROFULOUS CARIES.

By TAUFFLIEB, D. M., *de Barr.*

OIL of Cod (*oleum jecoris aselli*) has long been employed in the northern countries as a popular remedy against rachitism and chronic arthritis. The success obtained by empirics with this medicinal oil attracted the attention of medical men, and induced them to attend seriously to the therapeutic action of this long disdained remedy: Michaelis, Percival, and Marino, were the first practitioners who recommended the use of oil of cod in articular chronic rheumatism. But it is only within the last few years that it has often been tried, principally in Germany, to ascertain the degree of efficacy of this medicine.

Experience shews that oil of cod might be successfully employed not only in chronic arthritis, with or without deformation of the articulation, but also against divers sorts of scrofulous diseases, and particularly scrofula of the fibrous and osseous system. Dr. Brefeld of Hamon, exposed, in a monography published in the German language in 1835, a number of facts, according to which he considered himself authorized to state, that oil of cod is the most certain remedy for scrofula.

M. Schutte de Runderoth attributes to this medicament the cure of scrofulous caries in five patients; this practitioner employed with equal success oil of cod for several individuals affected with rachitis.—*Horns Arch.*, July, Abut, 1824.

M. Shenck saw several rachitic patients cured by this treatment.—*Hufeland's Journal*, t. 62, third book, p. 3.

Dr. Schmidt, at Stettin, treated with oil of cod, 21 scrofulous patients of different ages and sexes. Thirteen of these patients were perfectly cured when these cases were published; three were convalescent, and the remainder were considerably better. Among the individuals cured, four were rachitic, all others were affected with mesenteric atrophy.—*Rush. Magazin.*, etc. 35; book 1, page 33.

M. Kolkmann de Wiedembruck (*Hufeland's Journal*, t. p. 121) and M. Richter (*Vereins Zeiting*, no 26, 1835) profess to have given oil of cod for tuberculous phthisis, particularly for scrofulous patients.

M. Brefeld prescribed oil of cod in all stages of scrofulous diseases; in the treatment of scrofulous caries it proved most beneficial; eight patients affected with caries were completely cured.

and among the number two suffered from vertebral caries. The same treatment was employed with equal success in several serious cases of mesenteric atrophy, white swellings of the different articulations, rachitism, &c. M. Brefeld related these facts with minute particulars, in his monography, page 84, c. 145.

Analogous facts have been published by M. M. Busch, of Bremen, (*Medchir Zeit*, 1827, and 4, p. 205); Gumpert of Rawiez, (*Hufeland's Journal*, 66); Fehr d'Andelfingen, (*Verhandl der Arz.*, *Gesellsch de Schawiez*, 1823, book 16); Helmenstreit, (*Hufeland's Journal*, 74, book 5); Most de Rostock, (*Allgem. med Zeit*, 1834. Notwithstanding the great success attributed to oil of cod in Germany, French practitioners seem hitherto to have put little confidence in this mode of treatment.

I have tried oil of cod in a few cases of scrofulous caries, and have had an opportunity of observing the following circumstances.

CASE 1.—Oil of cod was given to a child six years of age, affected with scrofulous caries of the tarsal bone; the disease resisted general treatment by iodine. Iodurated baths caused but slight improvement. At a later period, much benefit was derived from bandaging the foot, and steeping the bandages in hydriodate of potassium, (one drachm to two ounces of water, and two ounces of alcohol.) Under the influence of this local treatment, the enormous swelling of the foot, due in great measure to the hyperphosphory of the tarsal bones, gradually diminished; the scrofulous ulcers were nearly healed, and fresh abscesses broke out when a cure was looked to. Since oil of cod has been taken, the fistulas have closed, and the tarsal bones have acquired sufficient solidity to hope for a continued improvement. The child now walks on crutches; her general state of health is good; and there is every reason to hope the cure will last. The young patient continues to take oil of cod.

CASE 2.—The effects of oil of cod were still more remarkable in the following case:—A young man, aged eighteen, was affected with caries of the lumbar vertebræ; he had undergone the usual internal and external treatment, but without effect. A large abscess was found towards the same lumbar region; the paralysis of the lower extremities was almost complete; marasm and hectic fever seemed to threaten speedy dissolution. I then prescribed oil of cod, without much depending on the efficacy of this remedy in so desperate a case. A sudden and most remarkable change took place after the administration of this medicine. The paralysis of the lower extremities went off, and the young patient, who for a considerable time had not been able to move in his bed, was able to rise, and make use of his limbs; the following day he walked alone. He has recovered his strength, and the hectic fever is quite gone. Pressure on the lumbar vertebræ has ceased to be painful; the tumour on the lumbar region, ardently fluctuating, decreased

in size some time, but for the last five weeks it has remained stationary.

Was this young man completely cured? That I cannot say; but it is impossible to attribute to the sole efforts of nature, so striking a change in a disease, which when left to nature never retrogrades. The patient continues to take oil of cod in doses of four spoonful per day.

CASE 3. —A child, four years of age, of scrofulous constitution, whose tarsal bones, and lower extremities of the cubitus, were affected with caries. An enormous swelling of the foot decreased under the influence of the local treatment we have already mentioned, and also probably under the influence of tonic medicine, and some iodine preparations, given internally, and externally by means of baths. The motion of the abdominal limbs became more difficult, and the vertebral column being examined, the spinal apophyses of the three lower dorsal vertebræ were very prominent. This prominence increased rapidly, notwithstanding the application of two setons on the diseased part, and by degrees all the complications attendant on vertebral caries appeared. Oil of cod was then tried; in four or five weeks the child, who hitherto had only been able to bear an horizontal position, was able to sit down. The tarsal bones had nearly recovered their normal state, and the fistula of the lower extremities of the cubitus was closed; but I must add, that the general state of the patient's health has not greatly improved in the course of this treatment. It is true, that the child's constitution was quite deteriorated, besides which it was in the most unfavourable condition in every respect; the young patient was in a decline, had the *grippe*, and died in a few days. Though this case be less conclusive than the two preceding, it nevertheless proves that the oil of cod had a most beneficial effect on the osseous system.

CASE 4.—I have administered oil of cod for caries of the hip joint, together with local treatment by blisters: the diseased limb was much swollen before this treatment.

CASE 5.—A white swelling of the knee, for which different treatment had failed during two years, is on the eve of being cured. The improvement has taken place within the last eleven weeks, when the oil of cod was first given. At the same time, bandages were also applied; friction, with hydriodate of potassium; (two drachms, half an ounce of lard to one drachm) and a few small blisters applied to the healthy parts nearest the tumour.

I must add, that in the patients forming the subject of these two latter cases, the general constitution was not so decidedly scrofulous as the others. I have just submitted to treatment several individuals affected with scrofula; at a later period I intend making the results of this treatment public; there is already striking improvement in one of these patients.

It would be very desirable for trials to be made on a large scale in the hospitals, and thus furnish the means of appreciating the real value of a therapeutic agent too little known. Experience would teach us the rank to be assigned to this new remedy in the anti-scorfulous remedies; or what is still better, the circumstances, in which this medicament should be employed. It is generally known, that iodine preparations, so useful in the treatment of scrofulous affections of the glands and the lymphatic system, are much less efficacious in cases of diseased bones, while on the contrary, oil of cod appears to act principally on the osseous and fibrous system, while its influence on the scrofula of the skin and lymphatic system is much less powerful. In this respect there would exist, according to Mr. Brefeld, a real gradation in the therapeutic power of oil of cod, according to the state of the affected organs. This practitioner, considering the different forms of scrofulous disease, according to the facility with which they yield to the use of his oily medicament, thought to class them in the following order:—

1. Scrofula of the fibrous and osseous system, rickets, white swellings of the different articulations, spina ventosa, scrofulous aries.

2. Affection of the mesenteric glands.

3. Congestion of the sub-cutaneous gland.

4. Ophthalmia otites, and cutaneous scrofulous diseases.

Oil of cod exercises but slight influence on the diseases of this latter class. It would be desirable for Mr. Brefeld's propositions to be verified by other observers. Experience only can decide in what circumstances the efficacy of this medicament may be depended on; it must have its special indications, the same as iodine preparations; the same as all remedies in general, whose efficacy depends entirely on their being suitably administered.

Oil of cod is given in doses of two ounces per day, a spoonful to be taken four times a day; in the first instance, only a tea-spoonful should be taken, morning and evening, and gradually increased until the two ounces are taken. This medicament does not injure the digestive organs. When patients have an insurmountable dislike to this oil, it may be given in injections, with a decoction of starch. There are two sorts of oil of cod, one white; it is called purified; the other brown; the latter is preferable, being more powerful. It is useless to add, that the treatment of scrofulous diseases by oil of cod, cannot be efficacious unless seconded by suitable hygienic regimen. Rational local treatment should never be neglected when the patient is willing to submit to it.

STRANGULATED HERNIA, reduced by the application of cold.

By M. LAFOUST.

A LABOURING man, aged sixty-six, had been troubled with a rupture during five-and-twenty years, and continually wore a bandage.

The 22nd of February the rupture came out, and increased very much; the patient tried to reduce it. The poor man had been seized with a violent fit of coughing: colics, hiccough, nausea, vomiting, soon came on. I was called up in the night to attend the poor old man. On the road I thought of the good effects of cold in some cases of strangulated hernia, and remembered a case related by M. J. L. Petit. I therefore took off my gloves, and kept my hands uncovered; the night was very cold, and the distance some miles. When I saw the patient I examined him, and his situation was most pitiable; I had him placed in a suitable position, and caught hold of the tumour with my cold hands; it was about the size of an infant's head, and gave little pain. I had hardly seized it, when it suddenly diminished, and entered with a buzzing noise, and I had merely to apply a bandage to prevent its escaping again.

On GOUT and RHEUMATISM in the Eyes.

By A. BOURJOT ST. HILAIRE.

OCULAR diseases are to be classed, not according to the anatomical order, but according to the nature of the tissues. There is an intimate connexion between the eye, the bulbous organ, and the arthro-dial articulation; this connexion must be remembered, in order to reach the conclusion, that in the eye as in the articulation, there are external fibrous tissues, sacs, effused fluids, and vascular tissues; nature carefully unites the same order of super position of the tissues in the hollow organs. From thence we may conclude, that the rheumatismal and arthritic affection of the gout, being seated in the fibrous tissue, and capsulo serous of the arthro-dial articulation, experience proves that the eye is almost as subject as an articulation to primitive inflammations of an arthritic or gouty nature.

The eye, as belonging to the periphery, and receiving only vessels of the sixth, seventh, and eighth order, is one of the organs most liable to irregular circulation, or to the forced stasis of sanguine globulæ, which is one of the characteristics of the gout and arthritism.

We may consider, after deep examination and numerous returns, that affections of the eyes in individuals from forty to sixty.

are mostly caused by gout; to this cause also we attribute the great number of capsulo lenticular cataracts in persons of the same age.

Ophthalmia brought on by cold, is idiopathic, not critic; it is simple, and perhaps confined to the ocular mucous membrane, and is called catarrhal conjunctiva; is grafted on the fibrous membrane, and takes the name of *rheumatismal sclerotitis*, when there are signs of the hyperemic injection in the ocular fibrous membrane.

The deep part of the eyes may be affected, and there will then be *iritis* and the anterior or posterior capsulite. Mostly in these cases, the disease is due to a cold in the head or feet, or to suppressed perspiration; but we here consider more carefully the deep inflammations of the *sclerotic*, of the iris, of the ciliary circle, and serous cells, due to the critical change of the arthritic and gouty humour, which becomes local after having affected one eye, or rather the orbitary region, and on the organ which fills the orbit.

The pathognomonic signs which differ from the rheumatic, idiopathic, ophthalmia, or *sui generis*, and that of constitutional, are more specious than real, for nearly in both cases, excepting in persistence and intensity, these signs are—

1st. Local pungent lancinating pains, increasing in intensity during the night; the eyes are filled with burning tears, and the pain propagates to tissues of the same nature towards the sub orbitary region, and particularly towards the cheek, indicating the course of the branches of the fifth pair, and of the branch of the ophthalmic which penetrates by the malaris bone. It is precisely the same sort of suffering as in articular rheumatism, and in sprains; sometimes it is unbearable.

We have seen that a draught of air on the head, that general or partial cold, that all exposure to damp, may bring on a sclerotic, which may disappear speedily after the cause is removed.

But if to a first invasion be joined a predisposition to rheumatic affection,—if the variable influences of cold and heat, affect the whole constitution; if the aponeurosis folds, if the fibrous part of the bone are frequently the seat of rheumatic pains; or if the crisis of the blood be the same as the crisis of the gout, or arthritis, the same tissues of the eye will be affected. When the rheumatic affection is seated in the head, then the eye by its nerves, and continuation of its fibrous tissue, is also affected. We have now a gentleman under our care, who at the age of forty-five lost his hair, and afterwards had occiput frontal pains, and a capsulo lenticular cataract was manifest, yet the patient was still able to walk without a guide; we hope to change the course of this cataract, and delay its termination, by treating the rheumatism in the head, and ensuring perspiration by having the head well covered, and giving action to the nutritive motion by frictions on the length of the ophthalmic branch of the fifth pair.

We are of opinion that a cataract of this description may be found in an immature state; we saw an instance of it in a lawyer, with whom we advised to continue the annual use of the *Eaux thermales de Bourbonne*, of which he had felt the happy influence for arthritic pains. In this case the patient's habit was arthritic as well as rheumatic, and the cataract was connected with a gouty diathesis, acquired by a sedentary life and high living.

A woman, aged fifty-four, came lately to us for advice; she suffered from a rheumatic affection in the head; her right eye was affected; the large veins were injured; the iris covered with veinous tissues, and the sight nearly lost; the left eye was shortly afterwards in the same state. In complicated cases of cirsoptalmia, I know but one method offering any chance of success; it is mercury, taken till salivation. In the case of this poor woman, the rheumatic diathesis, besides the local affection, was ancient and constitutional. To bathe and drink the *Eaux thermales du mont d'or de Bourbonne* might do good, but the disease being so deeply affected, little hope can be entertained, and an operation of any description would be ill judged.

We shall not describe the rheumatic iritis; it is not our intention to enter into the minutiae of ophthalmology, relative to the different parts of the eye. It suffices to say, that the iris is injected; it is easy to perceive that there are two large veins, which receive the blood from the arterial circle forming the erectile tissue of the iris; for we cannot recognize anything muscular. These two large veins are often prominent, and easily perceived through the plastic coat covering the serous of the aqueous humour. In the acute state, the pupil is contracted, yet the blood circulates freely; in a chronic state, the arterial and veiny capillaries seem to have lost all power of contraction; the stasis of the blood in the capillary net is complete. The iris is no longer contracted or dilated; the opening of the pupil is deformed; it is oval or angular, or both oval and angular at the same time. But after rheumatismal arthritic iritis, there is often effusion of matter, coagulable (as in all serous varicosity) and thin adherence by the aid of the pseudo membrane, and then adherence of the iris to the crystalline capsule sometimes brings on a milky opacity, which is soon converted in a capsular lenticular cataract, following a critical ophthalmia of rheumatic or arthritic nature.

A gentleman who was affected with the gout, was attacked with ophthalmia of the left eye; his physician did not understand the nature of the ophthalmia, which was in reality but a gouty metastasis, and recommended surgical attendance; an operation was performed, but nothing done for the cure of the lower articulation. The disease took its course; the pain was acute; and when calm was restored and the photophobia diminished, and the bandage taken off, a capsular cataract was formed. This gentleman is subject to the articular and lumbar gout; sooner or later, he will be

led towards the right eye with gout, which may prove serious, if care be not taken to draw the gout to the extremities. The observations we have made suffice to prove that persons are liable to have fits of the gout, they should carefully watch the affection and make it known to their medical attendant, in order to prevent its flying to the eyes; should it not be possible to guard against it, every step must be taken to diminish the intensity and duration of the attack, and to watch whether the crystalline capsule, or the crystallin itself is becoming opaque; and if there already be a cataract, to seek to arrest its progress, which is possible by judicious management.

I have lately seen several cases of ophthalmia; the first is that of a gentleman of fifty-eight, affected with a cataract of glaucoma-nature, subject to rheumatic pains; he had the grippe, and on his recovery, finds the darkness greatly increased, and that, in the space of a fortnight.

The second case, is that of a lady of fifty-seven, who had an attack of the *grippe*; she recovered slowly; the critical raptus fell on one eye, which was affected with rheumatic inflammation; a corneal circle was formed; violent headache came on.

A lady having an immature cataract in both eyes, became much worse during the grippe; sudden darkness came over her, owing to oversaturation of the crystalline caused by a *raptus* of humour towards the head. It is most remarkable that as soon as the raptus ceased, the eyes returned to the same state as before the attack.

We have been the first to remark the course of rheumatismal affections on the eyes. In resuming these preliminary considerations, and clinical facts observed, we think the following conclusions will prove consistent with ophthalmologic doctrine, and the rules of practice.

The eye, owing to the tissues of which it is composed, and their laxity and continuance, is one of the organs most exposed to rheumatic or arthritic affections, whether primitive or consecutive, or if they were already vague and constitutional.

The gouty diathesis threatens serious ophthalmia, so much so, that a cataract complicated by glaucoma and amaurosis, may frequently result.

Generally ophthalmia, of rheumatic or arthritic nature, attacks but one eye; a draught of wind may affect both eyes. It is remarkable that when one eye is attacked, there is much to fear for the other, though the affection may not be of long duration.

The rational treatment consists in treating the eye on the same principles as any other articulation attacked with gout or rheumatism; to relieve the pain, and local plethora and fever, by bleeding, by local applications of elder-flower water, or infusion of marsh mallow, or a little poppy juice, to induce diaphoresis (after depletion) by the known pharmaceutic means; and the urinary crisis by scilla, niter, and nitre.

Considerations on simple Ulcerations of the WOMB, and their
TREATMENT. By J. S. OTTENBURGH, *Munich*.

AMONG the great conquests of modern surgery, may be placed, the present treatment of ulcerations of the womb. The cure of this disease is no longer surrounded by difficulties, against which the practitioners of former times had to struggle; and persons thus affected are not victims to the impotency of art.

But if efficacious means for combating this affection have been found, the greatest uncertainty still exists as to the final cause of this phenomenon. To make up as much for this deficiency as is in my power, I shall select some fragments, from a treatise I am preparing on the morbid affections of the uterus. I shall in the first place, only give my attention to simple ulcerations, without carcinomatous schirrus, venereal, scrofula, or traumatic ulcerations. M. Lisfranc said, that the Os tincae were often affected with ulcerations; mostly the lower one, but sometimes both: it must be observed that they almost invariably appear at the lower third of the labium and they seldom arise in the centre.

These simple ulcerations penetrate deeply in the tissue of the neck of the uterus, their surface is smooth, they are sometimes much inflamed, and painful on pressure, but generally they are dark red and cause no pain. This latter species of ulceration is rather of scrofulous nature, and renders the diagnosis more difficult. Women affected with this disease, frequently complain of pains in the thigh and loins; a sensation of weight in the fundament, the uterus being very low in the pelvis; and there is general weakness. The patients are low spirited, pale, uneasy, and troubled with a white discharge, sometimes it is green, with fetid odor, and corroding the external parts. There is often suppression of the menses, or else their appearance is irregular, or the sanguine fluid so mixed with mucous matter that it has the appearance of the whites, and gives the idea of total suppression of the menses. On questioning the patients as to the origin and duration of the affection, they attribute their suffering to their confinements; and say that the lochiæ, being in a hot and corrosive state, only differed from the present discharge, by being less corroded, and they add, succeeded the lochiæ without an interval, being merely less in quantity; that they seldom ceased, and increased after coitus, which always caused great pain; and the discharge was less corrosive after the periodical flux.

We insist on this abnormal quality of the lochiæ, the causes of which may be various; this state is more remarkable in females of lymphatic constitutions, not cleanly in their persons, leading an irregular life, and eating a great quantity of salt meat.

We are well acquainted with the connection of lochiæ and the complete female genital system, but here we only wish to speak

the presence of the discharge, which lasts several months when women do not nurse their own children.

With many females the lochiæ do not entirely cease, at the usual period. The discharge continues a certain time, and produces so much irritation in the internal coats of the womb, that this organ becomes the seat of an anormal secretion, which forms the discharge we have to treat.

In our diagnostic, we should know how to distinguish the whites in persons affected with simple ulcerations of the womb, whether they are primitive or lochial, or whether they constitute secondary discharges.

Simple ulcerations of the womb, are the result of a primitive discharge.

It is known that the orifice of the womb dilating for the descent of the child, is torn. These ruptures, from the observations I have made, are found, according to the position of the occiput, to the left or right, towards the sides of the labium, or rather towards the corner where the anterior labium unites with the posterior, this organ being of a more delicate texture in this part than in the middle. But it is principally in the inferior labium, that these issues are most frequent, owing to the importance of the posterior coats of the uterus, as to the normal position of the fetus, for it is particularly this part of the womb on which the lower part of the fetus weighs. The anterior coats of the womb are, in cases of normal position, the most numerous, and much more free from the pressure of the child than the posterior coats; it is only when the foetus has taken an irregular position, that there are exceptions to this rule.

These fissures, which are sometimes deep, are irritated by the corroding primitive discharge already mentioned. Neuralgic pains are manifest in this part of the neck of the womb where the nerves are bound: these pains reach the nerves of the adjoining parts; the edges are inflamed, ulcerated by anormal lochiæ. The ulceration enters deeply into the tissue, and from thence the labia. On examination by the touch, we shall find the effusion more considerable in the part where the ulceration commenced.

It will be perhaps said that these ulcerations are not uncommon in women who have never had children. But we may ask whether these women have never been pregnant. It will be found that they have miscarried, or had violent hemorrhage; small fissures have resulted, and have afterwards become the seat of an ulceration under the influence of a discharge from the interior of the uterus, particularly in cases of miscarriage. I examined a great number of young girls who had cicatrix at the orifice of the womb, and always found they had miscarried; they admitted they had had profuse loss of blood.

The womb in these cases is found very low, which is also the case in the normal state, and this circumstance may consequently render the contact of syphilitic virus more easy, and a traumatic affection

is also speedily caught. We are convinced that simple ulcerations, in young subjects who have had no children, or who were not in the case I have mentioned, are but constitutional affections; in most cases of scrofulous ulcerations, the diagnostic becomes very difficult, and it is only the combined symptoms that can determine the character of the disease.

The cicatrices of the orifice of the uterus merit serious consideration, yet but slight importance is given to them. It is a fact, that many affections of the womb only result from cicatrix under the influence of the cacochyme state. These cicatrices are also important relative to medico legal researches. At all events, it requires a well exercised hand to ascertain and understand the cicatrix of the orifice of the uterus.

Having reached the treatment of simple ulcerations of the womb, we have to signalize two different therapeutic principles essentially dependent on the period of the discharge.

1st. A prophylactic treatment, to prevent, by the primitive discharge, the formation of ulcerations.

2nd. more active treatment, when there is secondary discharge, with ulcerations.

If consulted for a case of lochial discharge of long duration, as we have already mentioned; in the first instance, attempts must be made to diminish the virulence of the matter, as being the most painful accident for the patient. The greatest cleanliness must be observed, and tepid injections, with an infusion of camomile, or a decoction of hemlock, luke-warm lotions, frequently repeated, local and general baths.

To this treatment must be added a severe regimen, plain, but substantial food; no salt meat, and the patient to remain as much as possible in a horizontal position. Tincture of rhatany root, or cinnamon, to be taken so as to stimulate the womb, and withdraw it from a state approaching to atony. Externally, *eau de cologne* may be employed, in frictions, on the abdomen. If this nervous irritation, laurel water may be added to the injection. We must carefully guard against making irritating injections of astringents; as for example, saturnine preparations. The result of this treatment is hardness of the tissue of the womb.

Unfortunately, no advice is taken at the beginning of these affections, particularly among the lower class, who attribute all these symptoms to their confinement. Yet when the speculum is used, the labia is red, and there are sometimes little erosions emanating from the fissures.

Medical care is only sought when the secondary discharge exists with ulcerations. But in that case, the medicine is very different; slight stimulants must be used, as injections of camomile, or tea, in order to stimulate the uterine coats, and contribute at the same time to cleanliness. These means are but preparatory; they can produce no complete effect, either for the

discharge, or for the ulcerations; the affections resist this treatment. As to other medicaments, whether soothing, astringent, or cooling, the evil will be attacked in its source; the discharge and ulceration must be arrested by means of cauterization. By this operation, we change the vitality of the womb, and we consequently reach the source of the discharge; by destroying the anormal tissues, we restore to the organ the faculty of participating in the functions of the animal economy; it is true that different degrees of inflammation arise, but a cure ensues.

The speculum is employed, and a small brush, steeped in a solution of nitrate acid of mercury: the solution is composed of two drachms of *deuto nitrate* of chrystalized mercury, and four ounces of nitric acid; it is this caustic that I prefer to all others, not only on account of its efficacy as a caustic, but particularly in this case, on account of its incontestible power of changing the vitality of the tissue, with which it comes in contact. This caustic has the power of preventing morbid degeneracy, and particularly of producing re-action in the tissue; to separate the ulcerations, and absorb the matter contributing to keep up the ulceration.

It will not suffice to cauterize the surface of the ulcers, the caustic must be carried as far as the internal coats of the womb, which are in a state of atony; at all events, the interior of the os *mœ* must be highly cauterized, which will have an effect on the internal coats producing the discharge.

This cauterization, which should not be resorted to till after the mucosities have been removed, either by injections, or a small brush, should be repeated weekly so as to leave time for the ulcer to vivify; it is afterwards covered with granulations, and begins to cicatrize. The vitality of the womb gradually changes, and the discharge ceases. After the first cauterization, the discharge increases, owing to the irritation produced, which shews the efficacy of the treatment. The operation must not be performed during the catamenia.

In affections of the womb, treatment by cauterization, according to I. M. Lisfranc, Recamier, and many other practitioners, proves very efficacious. After the first application of nitrate acid of mercury, salivation sometimes takes place; it may also occur after the second application. Where there is a state of general atony, caused by loss of blood, there is not salivation, either in women who have had many children, or in individuals with plegmatic constitutions. By making injections with water, immediately after the application of the nitrate acid of mercury, salivation does not come on, but where these injections are not used, the treatment is more energetic, and consequently more likely to prevent a return of the disease.

In the hospital of *St. Louis*, there was a woman who had passed through all the degrees of simple ulcerations; the primitive and secondary discharge had been successively developed. Having

asked the advice of a celebrated surgeon, he found a small erosion accompanied the discharge. But he was mistaken, as to the nature of the discharge and ulcerations. He ordered baths, which could not arrest the progress of the disease, and she was cured by cauterization. Some time after cauterization, tonic injections must be used, principally quinine or steel. Baths contribute greatly to the improvement of the health. Cold baths, in the warm season, towards the end of the treatment, may do good; a proper regimen is absolutely necessary to re-establish the general organism.

We shall terminate these considerations by insisting on the importance of this treatment, for diseases which, when neglected, may prove most dangerous.

EPILEPSY produced by TENIA.

A YOUNG girl of 16, whose general health was good, and who was accustomed to eat a great deal, consulted me in 1835; at irregular periods she was subject to convulsions within the last year. These convulsions were manifested by cramps, first, in the fingers of the right hand, then successively, and in less than a minute, in the fore arm, the arm, part of the neck and same side of the face; the patient then fainted, and during two or three minutes felt convulsions, which ended in a frothy discharge of saliva, more or less considerable.

If this young girl was near her parents when the fit came on, they caught hold of her fingers, pulled them, then hastily bandaged the wrist before the cramp reached it; if the attack was not completely suspended it was at least much weaker.

I several times witnessed these epileptic fits; the patient's face was of a deep red, and all passed in the manner I have described. In the hope of bringing on the menses, which had not yet appeared, I bled the patient in the arm several times; this treatment had no effect on the convulsions, but greatly aided the establishment of the catamenia.

Yet the convulsions continued; no change taking place after several months, I prescribed the following formula, which I had often found successful in intermittent nervous affections:—

Root of valerian, 3 drachms.

Sulphate of quinine, half a drachm.

To be made up in pills of five grains.

The patient took one, then increased one each day till she came to five per day. Under the influence of this medicament the fits were less intense; in the course of three weeks, a worm, seven feet long, came away from the patient, and the convulsions did not return. At the end of a few months the young girl thought herself cured, but slight convulsions again came on; she took

more of the same pills, and a tenia ten feet long came away. Eleven months have passed since this period, and health is completely restored.

The presence of worms in the digestive tube brings on numerous maladies, principally convulsions, the cause of which is not generally known. But it is very rare to find *tenia* this nervous mobility, which returns in the same manner at irregular periods. This difference of action may perhaps be owing to the rare development of tenia in children, and that it is at this period of life that convulsions are most frequently met with. However this may be, there are numerous examples to prove that before we act against these periodical attacks, we must, if possible, ascertain what gives rise to them. Unfortunately, it mostly happens that we are not acquainted with the cause, and we too often apply medicaments that proves useless.

All practitioners may have felt the impossibility of establishing a diagnostic for diseases occasioned by worms. This important subject was lately discussed at the medical society in Paris. M. Prus, physician to the Salpêtrière, related the case of a woman, aged thirty-five, who was received in the hospital; she was affected with pneumonia, and had feverish symptoms long after the lung was cured. There was no apparent cause for her illness, and the physicians were unable to account for it; no organ appeared diseased: after some time, the woman threw up a lumbric worm; all the bad symptoms immediately disappeared; a purgative was given, and another worm came away. There is another case nearly analogous. A lady, who had various nervous attacks, and even a commencement of paralysis, and who derived no benefit from medical treatment, threw up a worm, and was immediately relieved from her sufferings.

All medical men agree as to the disorder worms may occasion, but are aware that there are no means of guessing that there are worms in the digestive tube. This observation reminds us of a curious fact, just communicated to the Academy. The cholera raged at Naples lately, and on all the dead bodies were found a great quantity of worms in the intestines. Among these worms were found a great number of tricephales; yet this species of worm is so scarce at Naples, that many naturalists never observed them. These worms were not only found in persons who had died of the cholera, but they have been met with in persons who died of other diseases.

On the use of NUX VOMICA in different cases of PARALYSIS.

By M. GELLIE,

A WOMAN of bilious temperament, aged forty-eight, after being exposed to the heat of the sun in August, 1822, had an attack of apoplexy, followed by *hemiplegia* of the right side. Being called to attend her, two hours afterwards, I found her face injected, respiration difficult, full pulse, the mouth slightly drawn on one side. I took twenty ounces of blood from the jugular vein; stibiated draught, with eight grains; ammoniacal frictions.

The following day slight improvement, profuse alvine evacuations; sinapisms: perseverance of hemiplegia, but diminution of the cerebral congestion. In the night fresh congestion occurred; being called early to put a stop to it, I applied ammoniacal pomatum of Gondret on the sinciput; it produced a large eschar: I made an incision in the shape of a cross; blood flowed; two blisters, with alcoholic extract of nux vomica, were applied, two grains on each sore (strychnine was not then known). Two hours afterwards, muscular contractions commenced, followed by slight motion of the paralysed arm; when I saw the patient in the evening, she moved her hand to her chest, but the lower limbs were still motionless, the mouth less deviated. Two grains of powder spread on the two sores, lemonade, and purgative injection.

I particularly begged her relations not to be afraid of the muscular contractions, and on no account to remove the dressing.

Early on the following day I saw the patient; trismus, stiffness of both limbs, paralysis; lemonade, purgative injection: the powder remains on the sores till the following day: there was diminution of the trismus, less stiffness in the limbs, the mouth nearly straight; the patient raised her hand, and could move her leg, though not raise it from the ground.

Taking the powder during three days, in doses of half a grain, produced a cure; a fortnight afterwards the patient walked alone without dragging the leg; there only remained slight weakness, and difficulty in closing the hand.

Second Case.—A widow lady, aged two-and-forty, of sanguine temperament and strong constitution, had a severe apoplectic stroke. I was immediately sent for, and chanced to meet the servant near the patient's house; thus no time was lost.

The face was injected, almost purple; pulse full, 28 pulsations; respiration *ronflante* and very slow; pupil of the eye much dilated; deglutition impossible; the mouth drawn to the left; froth through the nostrils and mouth; complete insensibility, and not the slightest movement in the body. I opened the jugular vein; the blood came out slowly; it was the same when I bled her in the arm. Much

alarmed at seeing her continue in this state, I scalded her legs with boiling water; the patient scarcely felt it; sinapisms were applied all down the leg.

I was compelled to leave the patient for a few hours. I took care to prevent the apertures I had made in the veins from bleeding which would be the case if circulation returned. Three hours afterwards, when I saw my patient, circulation was re-established, the pulse beat 45 pulsations in a minute; deglutition took place, though with difficulty; same state of insensibility, and the face injected and purple. I put a bandage round the neck, and took eighteen ounces of blood; it came away very slowly. Stibiated lotion, with 12 grains; application of ammoniacal pomatum of Gondret on the head; ammoniacal frictions.

Slight improvement the following day; the patient had recovered her senses; there was hemiplegia of the right side. Twelve hours afterwards I again took twelve ounces from the jugular vein; two hours later, a grain of powder of strychnine, on each sore of the thigh: the effects were the same as on the preceding patient.

The application continued every other day, for a week; cured the patient in the course of a month, at the end of which she walked alone; she felt some difficulty in moving the fingers of the paralysed hand, but at the spring it was quite well.

Third Case.—Mrs. P., of a sanguine nervous temperament, and sixty-eight years of age, having had a chronic gastritis, was some time later attacked with apoplexy. I saw her half an hour afterwards; there was hemiplegia of the right side, and she was in a state nearly similar to that of the patient given in the second case. The jugular vein was opened, very little blood escaped; the same means were employed as with the preceding patient; in the course of two hours the circulation was re-established; I took twelve ounces of blood; four hours later, I again took a similar quantity. The patient improved, deglutition took place. I was called up in the night, there was fresh congestion, accompanied by convulsive movements, like those in epilepsy, the eye-balls were turned up, froth came from the mouth; it was drawn to the contrary side from which it was in the first attack.

I took twelve ounces of blood from the arm, and the patient came to herself, quite surprized to see me near her; she had had another similar attack before my arrival.

Strychnine employed in doses of a grain on each of the sores of the thigh, caused most frightful contortions of the body; the dose was continued every other day: in six days this lady walked without dragging her leg; there remained only slight pain in all the locomotive apparatus, resulting from convulsions, and the shock caused by strychnine.

This lady has since had three attacks, with cerebral congestion, one only has necessitated the use of strychnine, the two others were cured by bleeding and stibiated tartar.

The last attacks took place on the fourth of January, there were six in the space of three hours, and the last had all the signs of death, suspension of the respiration and the pulse, cadaverous aspect and cold perspiration.

This congestion having come on after the patient had dined, and eaten plentifully, I could not bleed, which caused the repetition of the attacks.

This lady is cured, and is now under treatment to prevent epilepsy, she is taking indigo, a remedy that has been long boasted of in these affections.

Fourth Case.—Paraplegia.—A young man aged twenty-two, of bilious temperament, in January, 1834, had violent pains in his bowels, particularly near the hypogastrium, and accompanied by lumbago and constipation.

A general practitioner was called, he prescribed an opening draught, and a bath for the following day; a few days afterwards the patient could scarcely move his legs. He was affected with paraplegia; my advice was asked, I found the patient with a full pulse, intense occipital cephalalgia, constipation, the urine came away in drops and with pain.

I took twelve ounces of blood in the morning, and twelve in the evening; the following day sixty leeches on the loins, purgative injection. Two days after I saw the patient, there was slight improvement; when supported by two persons, he could draw his feet on the ground, but not raise them. I prescribed strychnine in pills, the sixteenth part of a grain to be taken four times in twenty-four hours; and an opening beverage of Cassia. The stools were liquid, the urine in larger quantities, but the paraplegia continued. Two moxas applied on the loins, opening beverage, and strychnine continued during the week, the dose being increased the sixteenth part of a grain every day,—contractions the same as with the patient in the preceding case; cure in forty-five days. No relapse; the young man is since married, and has a fine child.

Fifth Case.—A Parisian Painter, twenty-eight years of age, of lymphatic constitution, having already twice had saturnine colics; had a sudden attack of intense colic and vomiting: he had been mixing paint and white lead.

Two hours afterwards, the patient was in the following state; contraction of the abdominal muscles to such a degree, that the strongest pressure had no effect, vomiting, excruciating pains in the stomach; the patient rolled on the floor, pulse full, great paleness; constipation. I bled him in the arm, *usque ad deliquium*, and took about two pounds of blood; an opening draught; the feces were as flat as ribbons, slight improvement. The following day paralysis of the abdominal limbs. Trismus, stiffness of the articulations of the arms, symptoms which seem to indicate the existence of a myelites.

I prescribed four pills, containing each the sixteenth of a grain

of strychnine, to be taken every two hours; towards evening increase of the symptoms, deviation of the mouth to the left, no pain in the bowels, slight opistotonos, no stools. Purgative injection, lemonade, active sinapisms. Two hours after the injection, a quantity of matter of indigo color was thrown off the stomach, profuse alvine evacuations; great improvement in the night, absence of tetanic symptoms, the patient could raise his legs; two days he took two pills; and twelve days after the commencement of his illness, he came to thank me for my care.

ANALYSIS OF BOOKS,

Guy's Hospital Reports, No. IV.

THE cases at this Hospital being revised by the lecturers before they are sent to the Press, enable the public to depend on the authenticity of these reports; for this reason we have frequently given extracts from them, and we do so with pleasure, as they are fully worthy of attention. Multiplicity of matter has prevented us noticing this number at an earlier period. We have an excellent paper, a practical view of Lithotrity, with remarks on the lateral operation of Lithotomy, by Mr. Aston Key: it is particularly well done, and proves this able operator to be quite master of his subject. Dr. Addison's observations on the Diagnosis of pneumonia are fraught with interest, and the justice he renders to our celebrated countryman, Laennec, is most gratifying to us. We have a very interesting paper by Dr. Ashwell; Summary of cases in the obstetric ward. Statistical account of the lying-in charity. Reports of obstetric cases with plates. Dr. Bright's excellent paper on the Brain and Spinal Cord, we have already given in our Review. The papers by Mr. King, Mr. Alfred S. Taylor, Mr. Bransby Cooper, Dr. Hodgkin, are fully worthy of attention. A work brought out by so many celebrated members of the profession must render it invaluable. These reports deserve to be appreciated; they serve to shew the advanced state of medicine and surgery in this country, and form one of its best collections. Messrs. Barlow and Babington are fully entitled to the best thanks of practitioners and pupils, and we strongly recommend the work to our Continental brethren.

VARIETIES.

PARIS AND LONDON.

Paris.—THE introduction of air in the veins after an operation, has formed the subject of several academic discussions. The result has been to call the attention of surgeons to this fact, and to put them on their guard against this occurrence. M. Blandin proposed aspiration by the aid of a tube, introduced in the vein, which appears to us preferable to pressure on the chest, which is resisting, and contains no other organ but the heart, acts more on that organ than on the heart itself. M. Boulegging, a veterinary surgeon, mentioned an important fact, published in the first volume of Magendie's Journal, of which the following is an outline. He was called on the 4th of March, 1819, to see a horse that had been ill since the previous evening. The animal was six years old, ate little, coughed sometimes, breathed with difficulty, the pulse was full and hard, I prescribed low diet, and a soothing draught and injection.

On the 5th the symptoms having increased, and signs of pneumonia being evident, I thought bleeding adviseable, I bled the animal in the usual manner, and I remarked nothing at the time which could produce any bad result. The basin held to receive the blood, not being sufficiently large, I slackened the compression below the vein, in order to give time for the basin to be emptied. As soon as I ceased compression, I heard a particular noise, which at other times I had remarked without any evil consequence following, and I therefore paid very little attention to it.

I finished the operation, and united the wound as usual, by means of a needle I tied it round with hair, and I then led the animal into the stable. I was about to leave him, when he was seized with trembling, and could scarcely breathe; the pulse was small, irregular, and quick, the animal groaned heavily and fell as if struck dead.

I certainly felt much alarmed, thinking the animal's death might be attributed to me, if it were to take place directly after the bleeding, I had recommended. In this pressing case I remembered all that had passed, most particularly the noise I heard on ceasing compression, and this opened my eyes. I then thought air had entered the vein, and that as the cause might prove the remedy, I took off the ligature and let the blood flow. The animal appeared to regain its strength, at first it attempted to rise, but could not succeed till about five or six hours after the second bleeding; in the course of half an hour, all danger was removed. A remarkable symptom now became apparent; the horse had until the evening great sensibility on the right-side of the body; (bleeding was performed on the left;) this sensibility was accompanied by violent pruritis; he lay on the ground and rubbed himself. The pneumonia

continued its usual course and had a favorable termination. A month afterwards the horse resumed its work. Occurrences of this nature being now very generally known and understood, the following rule has been established in veterinary medicine to prevent anything of this nature. Before removing the compression on the vein which has been opened, the wound must be lightly closed with the operators finger, and he must wait a moment until the course of the blood be re-established in the vessel so as to prevent the admission of the air.

This question though one of high importance is not yet settled, but the case here given, will serve to shew that the aperture made in the vein should never be left open even after bleeding.

The question of animal magnetism was discussed during two sittings; the result is that the promises made by the magnetisor were not fully realized, that the experiments were not conclusive; and if the existence of animal magnetism be not doubted, there is much reason to doubt the wonders related by the magnetisors.

The French *Institut* has caused the distribution of the medals to be made. The first prize for surgery which has been adjourned several times, was awarded to M. Jules Guerin, for a voluminous work, and we shall not form our opinion of it from the sketch that has been given. In order to appreciate this work, it would be necessary to see the moulds, the figures, and the fourteen volumes of manuscript. From the account given in the *Gazette Medicale de Paris*, this work seems to resume the state of science as regards orthopedy in its present state; but there is no progress. Among the new methods of treatment we find sigmoid parallel and diagonal extension, which is already known. An apparatus with contrary flexions for lateral deviations of the spine, in which these flexions take place without extension of the spine; this plan is merely a modification of Hossard's system. The moveable seat on a median axis, which causes the lowering of the pelvis, and brings on a motion of flexion of the column in an opposite direction, may also be contested as a novelty. In short, the use of moulds is common in England.

A candidate for the same prizes M. Bouvier, presented statistical tables,—two hundred new cases, on the section of the tendon achilles, although stamped with a spirit of proselytism common to the proprietors of large establishments, these two works given to the public, may prove eminently useful in the study and practice of orthopedy, and we must rejoice at it for the advancement of this branch of science.

The political journals have announced the re-appearance of cholera in some towns, where it had already made ravages. At Dantzic, Prague, Berlin, there have been several cases of Asiatic cholera. While this fearful disease re-appears in the North, it made victims in the South. Naples, Palermo, Rome, Leghorn, then Marseilles, are visited by the cholera: at Naples, and at Palermo it rages violently; at Rome it is equally fearful. The appearance of the cholera in

France causes great uneasiness: will it again visit London? Will it appear in Paris? Such are the natural inquiries not unmixed with uneasiness.

In the *Gazette Medicale de Paris*, of the 9th of September, it is stated that there existed in London a dysentery, which was of a serious nature; the bills of mortality of August, and the beginning of September, contradict the correspondent of the *Gazette Medicale*.

There is nothing new in hospital practice and private practice, but what is generally met with during the warm season, and there is no foundation for the report in the *Gazette Medicale*; this report however being made at the time that the cholera exists in Rome, Marseilles, Aix, Avignon, Berlin, Breslau, Dantzic, seems to foretel the approach of the cholera to London, and although the epidemic said to be in London, only completed the Author's description, it is important for those who may have friends in London, to learn that it is without the slightest foundation.

London.—The seventh Annual Meeting of the British Association for the advancement of science, took place at Liverpool, on Monday the 11th. Among the papers read in the medical department, we have noticed that of Dr. C. Holland.

Dr. G. Calvert Holland, physician to the Sheffield Infirmary, read a paper on "The cause of death from a blow on the stomach, with remarks on the means best calculated to restore animation suspended by such accident."

The writer was of opinion that no satisfactory explanation had ever been given of this phenomenon. This cause of death is found occasionally noticed in works which are considering cases of sudden death from shock to the nervous system. It is usually explained by supposing the nerves connected with the stomach to receive a sudden shock, and the semilunar ganglion is referred to as the part primarily affected. It is, however, the situation which this ganglion occupies, and not any intimate connexion it has with the heart, which appears to suggest this explanation. If it could be shown, 1, that the heart derives its power of contraction from the ganglion, and 2, that the ganglion is affected by the blow, the subject might be considered as settled. Neither the one nor the other of these, however, has been shown.

If the plexus, or semilunar ganglion, be considered a centre of nervous energy, it does not supply the heart and chest, but the aorta and abdominal viscera; and hence, if the nervous system is affected, it is more likely that the functions of those viscera will be disturbed than the action of the heart. In entering upon this inquiry, the first step was to determine the important organs peculiarly liable, from their situation and functions, to be deranged by a blow on the stomach. These were found to be the aorta and vena cava ascendens. The pit of the stomach is unquestionably the situation where the large and important vessels are alone liable to severe functional derangement from a blow. Above, they are protected by

the parietes of the chest, and below it by the mass of abdominal viscera. A blow in this situation has necessarily a tendency, whether it strike the aorta or the vein to urge the circulating fluid towards the heart. Nature, by means of the semilunar valves, has prevented the frequent occurrence of such an accident; but the violence of the blow is quite sufficient to overcome this obstacle or barrier to the retrograde motion of the blood. *The fatal result is to be referred to the sudden propulsion of arterial fluid into the left ventricle, and not to the greater force with which the venous blood may possibly be returned to its destination.* In discussing this point, three questions ought specially to be attended to:—

1. Is the aorta so situated as to be probably influenced in the manner stated?

2. Would a blow given with great violence cause a retrograde motion of blood, and its entrance into the left ventricle?

3. Would the latter circumstance be sufficient to cause death?

In the latter part of his paper the author endeavoured to establish the principles thus laid down, and to show that death from a blow on the stomach is not caused by any impression on the nervous system.

Dr. Copland requested Dr. Holland to give him replies to three questions.

1. Had he (Dr. H.) observed the morbid appearances after death from blows on the region of the stomach?

2. Can the blood be made to flow into the heart from the blood-vessels without rupturing the semilunar valves?

3. Had Dr. Holland much experience of the treatment?

Dr. Holland said he had only seen one case, and it was fatal. The *post-mortem* exhibited florid appearances of the mucous membrane of the stomach, especially at the pit, not unlike what is observed during digestion. The blood was fluid.

Dr. Copland had not himself witnessed the morbid appearances of sudden death from a blow in the stomach, but several such cases were on record, which were sufficient to show the influence of the sympathetic nerves. We could not expect regurgitation of the blood's current, without a rupture of the valves or the heart itself. The heart could be injured in these cases, physically, from the diaphragm, as well as the vessels. A comprehensive view should be taken of the whole subject. The condition of respiration, circulation, the diaphragm, ciliary plexuses of nerves; though one might be more injured than another.

Dr. James Johnson did not conceive the heart's action to be disturbed, otherwise delirium animi would ensue. He could not admit that a forcible impression of the aorta could throw back the blood and force the valves.

Sir James Murray and Dr. Williams made some observations, in concurrence with the two latter speakers.

SELECTIONS FROM ENGLISH JOURNALS.

Tetanus Neonatorum.

BY DR. FINCKH, Stuttgart.

THE disease called "tetanus neonatorum," one of the most unmanageable and dangerous to which infants are subject, is described in a very brief and imperfect manner in almost all treatises on diseases of children, whether English or continental. Since the remarks of Dr. Clarke, and those of Schneider, which were published many years ago, nothing has been done to elucidate the nature or treatment of this affection. The following observations, therefore, merit attention, as being calculated to establish something positive in place of the vague notions which generally prevail on this subject: they are taken from a memoir by Dr. Robert Finckh, published in "Hecker's Annalen," Vol. III., No. 3, page 309, and founded on the observation of 25 cases of tetanus neonatorum, occurring at the Stuttgart hospital, between the years 1828 and 1835, during which period 84 infants were received into that establishment. From this it would appear that in some parts of Germany the disease is rather frequent. M. Billard only saw two cases during his residence at the *Hopital des Enfants Trouves*, in Paris. Dr. Doepp, whose memoir on cases in the Petersburg Hospital we published in a late number of this Journal, saw 20 cases in 4,500 children, and Dr. Collins saw but 37 cases at Dublin, in 16,000 children born during his mastership there. Of the twenty five infants alluded to by Dr. Finckh, thirteen were boys, and twelve girls, who were all born at the full period, and without having suffered any violence during delivery: in one case only had the mother been delivered with the forceps. It is also worthy of remark, that most of the cases occurred during the cold season.

Commencement of the Disease.—Tetanus neonatorum generally commences during the first week after birth. Thus, of the twenty-five cases only one began on the second day of the child's existence, while six cases occurred on the fifth day, and seven on the seventh. The prodromes of this disease are so uncertain that we shall notice them but in a very general manner. The child becomes uneasy; is seized with periodical fits of crying, which presents a peculiar character; it takes the breast with avidity but soon lets it go; the action of sucking is performed with difficulty, or impossible; the intestinal canal is usually more or less deranged.

Symptoms.—As the disease becomes fully developed, the impossibility of sucking is quite marked; this is a very constant sign, and did not occur once in the 25 cases. The infant's face assumes a contracted and anxious appearance; the spasm of the muscles, at first insignificant, intermits and confined to the muscles of the jaw, becomes more intense, and extends to the muscles of the neck and back; and the spinal column is fixed, or even bent backwards. In this state the child may lay, appar-

inquiet, with the respiration a little accelerated, or it may be seized with violent and repeated convulsions. In this latter case the face becomes livid, and almost black; the mouth is covered with foam; the arms and legs are bent up; the fingers and toes contracted. The spasmodic attacks recur every half or even quarter of an hour, and are brought on by apparently insignificant causes. After the lapse of twelve to twenty-four hours the infant falls into a state of general collapse, and soon dies in complete exhaustion. This latter period is very often marked by febrile symptoms, with burning heat of the back and head, while the extremities are icy-cold. The state of the umbilical chord is one of the circumstances which demands especial attention. In a great majority of cases a coincidence has existed between the separation of the chord and the development of the tetanus: thus the chord was separated fourteen times before the appearance of spasms, nine times during, and only twice after, their commencement.

Duration.—The duration of tetanus neonatorum is generally short. In sixteen cases the disease terminated within two days; one case was protracted to a week, two to five days; indeed it is almost incredible how long the tender constitution of the infant will sometimes resist this dreadful malady; thus, Dr. Elässer saw one single case which did not terminate before the thirty-first day.

Causes.—Dr. Finckh examines them at some length, but we shall only give an analysis of his remarks. It is impossible to refer the disease to any congenital malformation, or weakness of the infant, for all the children were born at the full period, well made, and many of them vigorous. The author is inclined to rank, as more immediate causes, the convulsibility of newborn children, and the suppuration or ulceration of the umbilical chord. Amongst occasional causes, the author enumerates atmospheric influence, cold, gastric irritations, mechanical stimuli, and injuries. With respect to the nature of the disease, he considers it to be essentially the same as the traumatic tetanus of adults, and to be produced by a constive or inflammatory condition of the central nervous system. Tetanus neonatorum is generally considered to be more prevalent in warm climates than in any other; but the observations of Dr. Finckh tend, certainly, to show that any exposure to cold, especially during the cicatrization of the umbilical chord, is apt to determine tetanic symptoms. Thus, children transported far from home, during a moist, cold season, are often attacked; and, in Germany, physicians have, for a long time, made this interesting mark, that cases of tetanus abound in such districts as are deprived of parish churches, while they are much rarer in towns and villages where the proximity of a church enables parents to have their children readily baptised.

Diagnosis and Prognosis.—The peculiar cry and expression of the face, the trismus, contraction of the limbs and back, and, above all, the coincidence of these symptoms with inflammation or suppuration of the umbilical chord, render the diagnosis of this disease extremely easy. Unfortunately, the prognosis is of a most unfavourable kind. Strong, vigorous children resist somewhat longer than weakly infants, but they all die. This is confirmed by the experience of all writers on this truly terrible disease.

MORBID APPEARANCES.—We shall here repeat, at length, the results of twenty post-mortem observations made by the author. Most of the

bodies were examined thirty-six hours after death; several from four to six hours after: and they were all enveloped in linen moistened with vinegar, and placed on the abdomen to prevent the gravitation of the blood.

(*External Appearances.*) The face retained its characteristic appearance of suffering; the muscular system, its rigidity; and the fingers and toes were powerfully contracted. The umbilicus was surrounded by a large circle of a green or bluish-green colour.

(*Spinal Marrow.*) The vertebral canal was opened in every case, and with extreme care. In four cases the spinal marrow and its membranes were free from any alteration. In the remaining sixteen an effusion of blood, in considerable quantity, occupied the whole length of the canal, between the bony walls and the dura mater. This blood was very dark in colour, sometimes fluid, at other times coagulated; in several cases it occupied more particularly a single region, as the cervical or dorsal, for example:—

In nine of the sixteen cases the dura mater and arachnoid were perfectly healthy. The pia mater was evidently inflamed and thickened in nine cases, and in three the portion lining the posterior surface of the spinal marrow, was deeply congested. The substance of the spinal marrow was firm and normal in the nine cases, accompanied by inflammation of its membranes; in the seven remaining, an effusion of blood, or of a serous or gelatinous fluid, occupied the vertebral canal.

(*Cranium.*) In only one case were the contents of this cavity found exempt from alteration. In the other cases more or less extravasated blood existed at the surface, or in the interior of the brain. Thus, the effused blood was found:—

5 times on the surface of the brain.

5 — in the plexus.

3 — in the lateral ventricles.

2 — under the pericranium.

1 — at the surface of the cerebellum.

1 — below the tentorium cerebelli.

1 — above the tentorium. Here the forceps had been used.

The membranes of the brain were healthy, if we except more or less injection of their vessels. In one case an effusion of gelatinous fluid, instead of blood, was found between the arachnoid and pia mater. The substance of the brain, though commonly a little soft, offered nothing abnormal; in two cases, however, it was very hard, while the cerebellum was in a state of complete softening.

(*Thorax and Abdomen.*) The viscera contained in these cavities presented nothing worthy of notice. The lungs and heart were commonly quite healthy. On opening the abdomen, the stomach and intestines were also found in a normal state; however, in five cases, some one portion of the intestinal tube was strongly contracted, while the rest was much distended with gas. The umbilical arteries and veins were carefully examined in eleven cases, without any trace of inflammation or other lesion being discovered. The various nerves and their plexus were also healthy.

Treatment.—This was exceedingly varied. In most cases the antiphlogistic method was tried, but all the children died, even when it was employed with vigour from the very outset. The symptoms were alleviated

for a short time, by lukewarm baths; but whenever blood was abstracted, even locally and in small quantity, they were evidently aggravated. About a dozen cases were treated, ineffectually, with musk, opium, and other antispasmodics. In one case, however, the use of these remedies seemed to protract the disease to the 31st day.

On referring to Dr. Collins' "Practical Treatise on Midwifery," lately published, we find the following remarks on the treatment of this disease, which fully confirm the results of Dr. Finckh's experience:—

"With respect to the treatment, I have no suggestion to propose, as I have never seen an instance where the child seemed even temporarily relieved by the measures adopted. Calomel has been tried in large quantity, also in small doses often repeated, as well as extensive friction with mercurial ointment. I have tried frequent leeching along the spinal column, also repeated blistering over its entire length. Opium I have exhibited in many ways, both in very large and small doses; also tartar emetic in the same manner, and at times both combined. I have tried tobacco extensively, in the form of stupes and injections of various degrees of strength, from *one* grain to the ounce of fluid, to *five* or more; besides the frequent use of the warm bath, oil of turpentine, tincture of soot, asafoetida, and many of the ordinary purgatives and stimulants; and all, as far as I could judge, without a shade of relief." P. 516.

As to the morbid appearances observed in infants cut off by tetanus, Dr. Collins assures us that he was never able to discover any peculiar morbid appearance which would justify any explanation of the pathology of this disease. This is a sweeping manner of dealing with a most interesting and important question, and we must protest against it with all our force. Dr. Collins should set a better example to the junior members of the profession, and furnish, however briefly, the evidence upon which he grounds his general deductions. Without an observance of this essential rule we can never hope to make any steady progress in the science of medicine, for the simple reason, that one *assertion* may be neutralized by another. Did Dr. Collins examine the spinal marrow in the thirty-seven cases which he mentions? Did he ascertain the condition of the umbilical veins? From our own reminiscences of the Dublin Lying-in Hospital, we should answer in the negative.—*Lancet*.

Some Cases of Metastasis of Rheumatism to Internal Organs.

By J. K. WALKER, M.D.

In a former paper Dr. W. attempted to show the connexion of diseases of the skin and diseases of internal organs; he here traces the metastasis, as they are called, of rheumatism. Twelve cases are related. In case 6, of a patient, æt. thirty, rheumatism, after being fully developed in the joints, attacked the membranes of the brain. The case was treated with diaphoretics and leeches; the articular pain was decidedly mitigated; but twenty-four hours afterwards there were severe pains in the head and delirium, intolerance of light, vigilia, and increased pulsation

of the carotids. Stupor and insensibility came on, and the patient died in less than a week from the rheumatic attack in the joints.

CASE 7, April 11th. A boy, age fourteen, had pains in the joints and headach; the tongue was loaded, bowels confined. Took calomel and a diaphoretic mixture. Acute pain in the ankle and knee.

4th day of the attack; still much pain in the epigastrium; respiration short and quick; pulse 108, small.

10th. day. Tongue clean; pulse 93; bowels regular.

12th day. The breathing is become short, quick, and irregular, with a dry cough. The action of the heart, under the stethoscope, is irregular; pulse 128; colchicum, leeches, blister ordered in addition to the diaphoretic mixture.

16th day. The pain relieved; breathing easy; cough, without expectoration; pulse 120, more regular.

20th day. Great anxiety; inordinate action of the heart; pulse 150, irregular and intermittent; breathing short, quick; respiration loud in the superior part of both sides of the chest; distinct bronchophony, and bronchial respiration in the inferior and back part of the right side. Twelve leeches, tartar emetic, digitalis ordered.

22nd day. Some viscid expectoration, tinged with blood.

25th day. Breathes more easily; considerable œdema of the feet.

28th day. Former symptoms worse; alarmed lest the stethoscope should press upon the region of the heart; there is elevation of the ribs, fulness of the left side of the chest; dull sound on percussion; expectoration of viscid phlegm, tinged with blood; pulse 136; œdema of the feet increased, and slight œdema of the hands. Calomel was ordered freely, and the patient appeared to improve on the following days; but the action of the heart was strong and irregular.

38th. day. Sinking, died. *Sectio cadaveris*. Slight adhesion of the left lung in apposition with the pericardium; a pint and a half of fluid in the right pleura; half-a-pint in the left. Complete red hepatisation of the inferior lobes of the right and left lungs, and partial hepatisation of the middle lobe of the right. The pericardium without fluid, and in close adhesion to the heart, with some flakes of coagulable lymph interposed. The heart itself was of its natural size, and otherwise healthy, except its surface, which had a white appearance, and was studded with small granular points of a pearly hue. The abdominal viscera had a healthy aspect.

Dr. Walker goes on to remark that "the thoracic viscera are not the only parts liable to be affected by a translation of morbid action from the surface. It has been sometimes observed in persons of gouty diathesis, that certain functional derangements of the abdominal viscera occasion a variety of painful symptoms, which disappear after a regular fit of gout. I do not say that the same is the case in rheumatic patients; yet I have seen in persons of a rheumatic diathesis, the bowels, the seat of pain, which continued for several days, though there was not the degree of constipation which characterises enteritis. And this, I believe, will often occur in persons, whose occupations are such as to expose them to get wet and cold in the feet; in damp cellars or kitchens, or in situations where sufficient attention is not paid to the drainage. The effects, indeed, of such exposure, may vary in different constitutions, but I have noticed in the same individual, at one time, a rheumatic affection of the joints, and

at another, severe tormina of the bowels. The number of damp cellars in this populous district has occasioned so much sickness among the poor, and particularly that class of diseases caused by such unhealthy situations, that not a year passes without many examples of external rheumatic affections, alternating with some derangement of function internally; and in these cases the state of the bowels will often become irregular, and the appearance of the dejections unnatural. That this is not mere hypothesis I am satisfied, as I have seen such patients on removing to a better situation gradually lose all their ailments, and enjoy the best health. Wishing to show the nature of the structural changes, brought on by metastasis of rheumatism, I have selected the following cases, where the disease was fatal from a translation to the heart and pericardium:—

“ THE POST MORTEM APPEARANCES IN FIVE FATAL CASES OF
RHEUMATIC PERICARDITIS.

“ CASE 1.—H. H., æt. thirty-three, July 15th, 1829. Symptoms.—Edema of legs; dyspnœa; orthopnœa; much wheezing after exertion; startings from sleep; turbulent action of the heart, which beats over a larger space than natural, with very distinct *bruit de soufflet*. Pulse 125. Nearly two years ago had rheumatism for several months; has had palpitation and dyspnœa since Christmas; and in January was affected with dropsy. Has been getting worse for the last five weeks.

“ TREATMENT.—Blisters; blue pill, with squill as a diuretic, and one bleeding; but the symptoms proceeded from bad to worse, and he died in the evening of the 27th.

“ *Sectio cadaveris*.—The body was much emaciated; the lower extremities rather œdematous. Thorax; pleuræ on both sides universally and almost inseparably united; the left lung crepitous in part, gorged with blood in its inferior parts; the right lung more filled with blood, and less crepitous than the left, and sufficiently dense in parts to sink in water. No tubercles. The two layers of pericardium closely and completely bound together by old adhesions; no thickening of the membrane. Heart very large, chiefly from hypertrophy, and dilatation of the left ventricle; valves and aorta sound. Abdomen: the liver rather large, and of nutmeg-colour in its interior; the kidneys healthy. Cranium not examined.

“ CASE 2.—J. C., æt. twenty-four. October the 14th, 1829. Symptoms.—Diffuse rheumatism, worse when warm. Slight œdema of the legs; dyspnœa; orthopnœa; most extensive and strong action of the heart, agitating nearly the whole chest; *bruit de soufflet*; pulse 120, strong; bowels regular. Had acute rheumatism eight years ago, and again four years ago; the heart has been affected since the first attack. Has been able to work, except at intervals, when he suffered from attacks of dyspnœa with hæmoptysis.

“ TREATMENT.—Blue pill, with squill and digitalis; senna with super-tartrate of potass; and a diuretic draught of nitric æther and juniper, &c., were prescribed, but the patient died suddenly on the morning after his admission.

“ *Sectio cadaveris*.—Surface leucophlegmatic; lower extremities œdematous. Pleuræ on both sides, united by old adhesions; lungs gorged with blood, but not hepatised: layers of the pericardium adherent, in some

parts closely; the heart of enormous size from hypertrophy and dilated nearly in equal proportion; hypertrophy of the left ventricle remarkable. Liver rather large; kidneys natural. Clear serous effusion between arachnoid and pia mater.

“**CASE 3.**—C. B., æt. thirty. January the 3rd, 1810. Symptoms.—About two years ago had rheumatism of various parts of the body. Afterwards the feet swelled, and he had palpitation of the heart; orthopnea; latterly, decubitus impossible on the left side, startings from sleep, frequent cough; great action of the heart; pulse small and frequent.

“**TREATMENT.**—Diuretics, counter-irritants, &c.

“**Sectio Cadaveris.**—The right lung adhered to the costal pleura and false membranes, and the left still more intimately; the pericardium adhered to the heart throughout, and was thickened in structure, red in colour, and covered with an inflammatory crust. The substance of the heart was flaccid and easily torn; the parietes of the left ventricle thickened. No lesion in any other part.

“**CASE 4.**—F. C., æt. forty-seven. December 3rd, 1834. Symptoms.—Has been subject to rheumatism for some years, and latterly to anasarca and rheumatic pains in the head. Afterwards anasarca in the face and lower extremities; oppression at the epigastrium; palpitation and orthopnea, on using the least exertion; and on the 5th of January, had an epileptic seizure which proved fatal.

“**TREATMENT.**—Diuretics, colchicum, local depletion, calomel, &c.

“**Sectio cadaveris.**—General anasarca. Abdomen tumid and tense, with effusion within its cavity; kidneys hard. Pericardium natural; the cavity of the left ventricle of the heart was about four times its usual size, it was firmly contracted and presented great hypertrophy. The right lung was free from pleuritic adhesion; the left was considerably congested and œdematous. There was subarachnoid effusion on the surface of the cerebral hemispheres; the lateral ventricles were distended with about six ounces of clear fluid. The articular surfaces of the cartilages of the joints were covered with a white gouty substance, and the synovial membranes had masses of calcareous secretion.

“**CASE 5.**—A woman, æt. twenty-two. Symptoms.—Has had from an early age rheumatic pains in the shoulders and arms; and has been subject to palpitation, and frequent pain in the region of the heart.

“**TREATMENT.**—Depletion, counter-irritants, &c.

“**Sectio cadaveris.**—The heart was so dilated and hypertrophied that it was nearly three times its natural size. The two layers of the pericardium were adherent, fleshy, rough, and of a deep red colour; and at one point on the upper part of the right ventricle, more than an inch in diameter, was a thick cartilaginous deposit, verging to ossification.

“In the above selection of cases, to show the post-mortem appearances of chronic pericarditis, I have been desirous of impressing upon readers the tendency not merely of the pericardium to become the seat of the disease in rheumatic patients, but also of the adjacent viscera, lungs, the liver, and the stomach, which may become either functionally or structurally affected in the course of the disease.”—*Ann. Med.*

Fatal Chorea in a Child.

POST-MORTEM APPEARANCES.

It is very seldom that we have an opportunity of examining the body of a child who has died while labouring under chorea. Indeed, so rarely does this occur in private practice, that Dr. Cheyne assures me he never saw a child who died while affected with this complaint, and for this reason he omits to treat of it in his essays on the diseases of children. The following is one of the few cases which I witnessed while attending the Children's Hospital at Paris:—

CASE.—Caroline Gillet, twelve years of age, was received in the hospital, under the care of M. Baudelocque, on the 26th of January, 1836. This child, though commonly enjoying good health, has a sickly, washy appearance, and has been subject, from time to time, to attacks of headach. The disease is not apparently of long standing; about fifteen days back she experienced some pains along the spine, which were soon followed by weakness, and irregular movements in the right upper extremity. This arm became gradually weaker, and the movements extended to the whole of the right side.

On examining the child on the following day, we found symptoms of chorea in a moderate degree. The right arm was almost constantly in movement; the hand was unable to grasp any object which we offered; but the muscles of the face were only slightly affected; the child could speak well enough: progression was not impeded.

As the child had passed some worms near the latter end of the year 1835, M. Baudelocque ordered some infusion of Corsican moss, an anthelmintic much employed at the Children's Hospital. Quarter diet.

This treatment was continued up to the 7th of February, without producing any evacuation of worms; but with the effect of diminishing the irregularity of the movements in the right side of the body. Every thing seemed going on well, when the patient was seized, on the evening of the 7th, with the prodromes of small-pox. The fever very soon assumed an ataxic character, and the symptoms of chorea became even more violent than before the child's entrance into the hospital. The progress of the eruption was very irregular, and the patient lay almost constantly in a state of low delirium. These symptoms continued, with but little modification, for a week, and the patient sank on the night of the 15th of February.

Body examined twenty-one hours after death.—The spinal marrow was the first part examined. Its membranes seemed perfectly healthy, free from injection, or any trace of inflammation. The substance of the spinal marrow itself was divided in small portions, from one end to another, and did not show any trace of tubercular deposit, or any change in its consistency or colour. The lower part of the cavity of the arachnoid contained about half a spoonful of clear serum.

Cranium.—Dura mater normal; arachnoid free from thickening or opacity. The pia mater of the upper surface of the brain was, however, considerably injected, but did not adhere, at any part, to the cortical substance. On dividing the brain into slices, it appeared a little more vascular

than is natural, but we could perceive no trace of any other change, although the central parts, base of the brain, and cerebellum were examined with great minuteness. The lateral ventricles contained about a teaspoonful of fluid.

Thorax.—Heart and great vessels normal. The lungs show several points of lobular pneumonia.

Abdomen.—Stomach healthy; intestinal canal irregularly injected at several points, but free from marks of inflammation. No worm found in its cavity.

A great deal has been said and written on the pathological anatomy of chorea. Indeed, almost every writer seems to have a theory of his own. This I believe, depends a good deal on the want of opportunities of examining patients actually labouring under this disease at the moment of death. I have seen three such examinations, and the result of what I have witnessed is to convince me that chorea has no morbid appearances essentially belonging to it; in other words, that it depends on a functional disorder of the nervous system, attended either with fugitive lesions or with some of those modifications of organization which the anatomist's scalpel will never probably be able to detect. This idea is, moreover, borne out by the rapid effects sometimes following the administration of a cold bath in this disease.—*Lancet*.

Bleeding in the Cold Stage of Intermittent Fever.

BY W. J. MACKENZIE, ESQ.

HAVING considered and investigated the subject of bleeding in the cold stage of intermittent fever, and having observed the manner in which it has been received by the medical profession in general; and having, also, had an opportunity within the last few months of treating some cases according to that mode, I think it a duty to the public to give some account of the successful results which I have invariably seen to follow its adoption. Although having been taught by my highly-valued friend, Dr. Mackintosh, of Edinburgh, to bleed in the cold stage, a doubt prevailed in my mind that this treatment was not altogether safe, nor adequate to cure so severe a disease, consequently I generally pursued the old system, of giving bark, wine, and the usual remedies directed in books of former days. I always found the cure to be tedious, and, in some respects, not such as I was led to expect; I therefore was induced to try bleeding in the cold stage, and, with your permission, will relate, briefly, a marked case which came under my care.

J. B., aged 20, a labourer, of steady, sober, habits, was affected with shiverings, which generally came on at about 5, P.M., lasting for three hours, followed by high fever for four or five hours; the patient then broke into a profuse perspiration, which terminates the paroxysm; he has had two previous attacks, and was (from his own account) each time given bark, quinine, &c. The disease lasted six weeks, and left him, each time, in a very debilitated state. He applied to me on the 1st of May, when all his former symptoms re-appeared. I first saw him in the interim between the

fits. I gave him a simple dose of sulph. magnes., and attended at his house when he expected that the cold fit would come on. I entered the house at half-past 5, P.M.; the fit was then so severe that I could distinctly hear his teeth cattering. Having been previously informed of the difficulty and slowness of the cure of his former attacks, I determined to put Dr. Mackintosh's mode of treatment at once to the test, and accordingly immediately, bled the man to $\bar{3}$ xvi., and ordered him to take frequent small doses of sulph. magnes. and tart. antimon.

May 2. Felt much relieved. At the usual time the cold fit returned, though not near so severely. I again bled him to $\bar{3}$ x., and continued the former treatment.

3. Has had no return of the shivering; slight fever; tongue white; pulse 98. R *Submur, hydrarg.*, grs. v.; *Pulv. antimon.*, grs. ii.; M. Continue the saline mixture.

4. Continues better; pulse 86.

5. Has had a good night; feels considerable better; pulse 84; skin cool; tongue much improved; gave him small doses of sulph. quinin.

6. Continues to improve.

8. Has had no return of any of the symptoms; pulse natural; skin cool. Have given up attending him, but he still continues to take the quinine. He states that he feels much better than he did on former occasions, and not nearly so debilitated as after previous attacks.

Another case, of a similar nature, was treated in the same manner; both patients are now enjoying good health. In both these cases the debility occasioned by the old treatment was so great that it incapacitated the one from working during six weeks, the other during two months; whereas, by bleeding in the cold stage, the one was able to attend his business in ten days, the other, at the expiration of a fortnight. It is to be regretted that the latter mode of treatment is not more generally pursued.—*Lancet*.

Hysteria from Excessive Depletion.

Sophia Marchand, ætat. 43, admitted, complaining of some pain in the lumbar region and along the spine, and of inability to support her weight. There was great tenderness along the entire course of the spine, and general lassitude; anorexia; numbness, and diminished temperature of the lower extremities. At Christmas, 1835, she caught cold, and an attack of pneumonia supervened. For the removal of this affliction, leeches and blisters were applied, and she was let blood from the veins of the arm to an enormous extent. At one venesection *forty* ounces were abstracted. The inflammation was subdued by these outrageously antiphlogistic measures, but the prostration was so great that the patient did not rise from her bed till the subsequent February. At that period of partial convalescence she was attacked by severe pain along the whole spinal column. Various remedies were tried by her medical attendants, but hot fomentations alone afforded her any benefit, and that was but temporary. On admission, she had the following symptoms: There is pain along the whole spine, but it is greatest in the cervical portion, and over the sacrum. This pain is not any where increased by pressure; there is no unusual projection of any of the spinous

processes of the vertebræ; sensation and volition slightly impaired on the nether limb; menstruation imperfect and irregular.

A scruple of compound scammony powder to be taken every other night, and a saline aperient draught on each subsequent morning. The moxa to be daily applied as a rubefacient over the affected vertebræ.

The above plan of treatment was unremittingly pursued for three months, without the slightest beneficial influence upon one of the symptoms, and she left the hospital exactly in the same state in which she entered it. She went forthwith into the country, where regular exercise, good diet, and wholesome mental occupation, without the assistance of any medical treatment whatever, produced a rapid amelioration, and she is, at this moment, in all respects well.—*Lancet*.

Case of Delirium Tremens, with remarks on the Diagnosis and treatment.

BY DR. WATSON.

D. HYDE, a man 30 years of age, coach-porter; admitted into the Middlesex Hospital June 12th, at a late hour in the night. He was then in a state of profuse perspiration, appeared greatly excited, and having tremors of his whole body. He was sensible when spoken to, and could give rational answers to questions.

The pulse was 120, and very feeble; tongue furred. He had a wildness about his eye, and seemed exceedingly annoyed at his friends for supposing him to be a lunatic.

History.—It appears that this man has been in the habit of drinking gin to excess; that he married a prostitute, who, after a short time reverted to her old practices, a circumstance which drove him into still greater habits of intemperance.

On Friday last (three days before his death,) feeling unwell, he took a dose of calomel and purged it off with salts, and got drunk in the evening. This was repeated on the following day (viz., the course of calomel and salts, with intoxication.) On the Sunday he said he felt that he was about to die, and wished to make his will, but the state of delirium prevented it from being done. This state had been coming on for the last week, but during the last twenty-four hours before his admission, his attendants lost all controul over him. He was ordered calomel, opium, and hyd. c. creta ana gr. j., to be taken directly, and to have beef tea. In the morning (eleven o'clock,) having passed a very restless and sleepless night, and appeared more excited than ever, he was ordered a shower-bath; within a quarter of an hour after it, he fell fast asleep. At twelve o'clock he was ordered morphia and had another shower-bath, and again fell asleep for an hour. At two o'clock the bath was repeated; he slept for an hour, then turned about, and became extremely restless, but turned upon his back; and at half-past four he was discovered by the attendants to be dead.

POST-MORTEM EXAMINATION.

Brain.—There was some, but no great, amount of serous fluid in the meshes of the pia mater; slight partial opacity of the arachnoid, some fluid in the ventricles, and a considerable quantity at the base of the brain. The whole cerebral mass was soft. No other observable change.

Lungs.—The middle lobe on the right side, throughout its greater part, was in a state of red hepatization, passing into a grey, friable, and granular state, sinking in water. The edge of the lower lobe was curiously jagged, in consequence of the irregular development of emphysematous cells, arranged in some parts like rows of beads along the edge.

Heart was natural except at the base, where a large white spot was softened in its tissue, as were all the tissues generally.

In a clinical lecture (June 17,) Dr. Watson made some remarks on the diagnosis and treatment. Delirium tremens might easily be mistaken for another disease—inflammation of the brain, which requires to be treated in a very different manner, and if practised in these cases would probably be attended by ill consequences. It is common to be called in to see a patient who is talking incoherently, having a wildness about the eyes, incessant restlessness, fidgeting about with the hands, and a muttering kind of delirium; at the same time the skin is bathed with perspiration. Such a case you would be inclined to treat actively; yet, if treated actively and wrongly, much danger may follow: if, on the other hand, you treat the case by one of the most powerful remedies, it may be cured almost magically. The true nature of the case will be partly ascertained by examining the previous history of the individual; for at least a week or a fortnight previous to the commencement of the disease he has been in the habit of drinking spirits, or perhaps labouring under some mental anxiety or excitement; he has perhaps been treated with bleeding and low diet under the impression that it was an inflammatory disease of the head, which treatment, however, only tends to increase the malady. In inflammatory disease of the brain the skin would be dry and hot, which it is not; in this case it is bathed in sweat. The pulse in this case is frequent, but soft and compressible, while in inflammation it would be stronger and harder; nor do the eyes exhibit that fiery and suffused state so characteristic of inflammation of the brain. Although there are some cases of delirium attended with strength, and which require antiphlogistic treatment to be combined with treatment of an opposite kind, in general this disease is quite independent of inflammation; it is a purely nervous affection.

This might be inferred from the nature of the cause, and the cure of the disease. Every body knows the effect which the stimulus of alcoholic liquors have upon the nervous system, and that this state is relieved by sleep, and by opium in the more severe cases. It may be often right in delirium tremens to continue the use of porter daily, for the disease is generally greatly aggravated when the habitual stimuli are withdrawn; on this account, Dr. W. prefers administering the morphia in porter at proper intervals.

In nine cases out of ten the accustomed stimuli are the predisposing cause of the disease, and the withdrawal of the habitual stimulus is the exciting cause. The disease is not confined to drunkards, for it occa-

sionally arises in men who have over-excited the nervous system by ling and money speculations, attended with great excitement. A curious fact, that it never occurs in women. Dr. W. states that he witnessed a clearly developed case of the disease in a female.

The treatment requires a little management. It is necessary to get the patient to sleep by a full dose of opium; sometimes the first dose is sufficient, and it should be repeated in a few hours. Dr. W. prefers porter as a vehicle for its administration, and when the opium fails in procuring sleep other stimulants are given at the same time. It will be necessary to give a tonic to increase the appetite for solid food. These cases sometimes respond to the opium alone, and do well; they are patients which do credit to the practitioner whose care they are under.

There is a circumstance connected with the treatment of these cases which it is necessary to be aware of. A patient having been treated with opium will die and have all the appearance and symptoms which are the effect of an over dose of opium; at the same time it may create suspicion in the minds of the medical attendant or the friends as to whether it is not really be the effect of the opium given in too large doses. A case of this kind was related by Dr. Watson. He was once called to see a patient about forty years of age, having had delirium for four or five days. He had been bled and purged by his medical attendant. Upon entering into his history it was ascertained that he was accustomed to take seven glasses of spirits in the course of the day, besides porter. The treatment was recommended, but it was not continued beyond three days on account of some disbelief in its efficacy by a friend of the patient. The next night the patient was found to be in convulsions, having a purple countenance and died of symptoms such as are observed in cases of poisoning by opium. It was ascertained that, for nine hours after the opium was taken, he had no symptoms; and Dr. Christison has shown that the effects of opium do not appear one hour after its administration, and that it may rarely be detected four or five hours. It is, moreover proved that such is the natural termination of intoxication, and of delirium tremens.--*Annals Med.*

Examination of the Medicinal Effect of the Leeches of Hungary compared with those of Germany.

By C. KLUGE.*

THE increasing use of leeches lessened their number so much in Germany that it was necessary to procure them at great expense from Poland; as no more could be procured there after the ravages of cholera, and in Hungary. It has been a question, whether the medicinal efficiency of the foreign and indigenous leech was equal, particularly as they belong to two distinct species, though of the same genus. The German leech (*hirudo septentrionalis*; *Sanguisuga medicinalis*,) is distinguished from the Hungary leech in the back being of a yellowish brown colour, the sides greyish yellow, and spotted. The Hungary leech which is only met w

* *Medizinische Zeitung*, vi. J. No. 2, 8, Kleinert.

Hungary and the South of France, (*Sanguisuga officinalis*, Savigny,) is dark brown on the back, and olive green, unspotted, on the belly. This leech can be procured in the Rhenish provinces at a much cheaper rate from Hungary and France than from Poland and Russia; in the southern Austrian states, also, *S. officinalis* is more frequent than *S. medicinalis*. For fifths of the leeches in the druggists' shops in Vienna are Hungarian. We prefer the Hungary leech to the German, as, independently of its docility, it is more vivacious, fastens sooner, sucks more vigorously, and does not die so easily. Other medical men say they have seen bad results from its application.

The board of Health (Ministerium der Medizinalangelegenheiten,) therefore had researches instituted at La Charité, Berlin, with both kinds of leeches; they began on the 29th of June, and were continued to the 21st of September, 1836. The whole number of leeches employed in 42 applications, amounted to 955 (492 German, 463 Hungary.) When both kinds were weighed, the Hungary leech was found the heaviest by 7 grains. It was found, as the result of all the experiments, that the Hungary leeches fastened half a minute sooner after their application than the others. In 16 out of the 42 applications, both kinds bit in the same time; in 5 applications,

German leeches fastened 4 minutes sooner than the others. On an average, the Hungary leeches continued to stick a minute after the others, but as they began half a minute earlier, they sucked, in the whole, 1½ minute longer than the German leeches. The duration of the after bleeding from the wounds, was, in the German and Hungary leeches, as 2 to 3; the bleeding from the bites of the latter was also more abundant. The quantity of blood sucked by the Hungary leech was *twice* as great as that sucked by a German leech.

The relative mortality of the two species has not yet been determined. During the months of November and December, one in 16 German leeches died weekly; none of the Hungary leeches died in the same time. It appears, from the result of the above researches, that the *Sanguisuga medicinalis* is to *S. officinalis* (Hungary) in regard to the quantity of blood sucked as 2 to 1, to the duration of the sucking as 1 to 1½, and to the duration of the after-bleeding as 1 to 3. The vital energy by which the phenomena were produced, differed in the two species, at least as 1 from 2.

That size alone was not the cause of the greater efficiency of the Hungary leech is evident from the following example:—20 leeches (10 German, 10 Hungary,) were applied on the right hypochondrium of a female servant, aged 49, suffering from chronic inflammation of the liver. Before they were applied, the 10 German leeches weighed 320 grains, each 32 grains; the Hungary leeches weighed 240 grains, each 24 grains, so that in this instance a Hungary leech was eight grains lighter than a German leech. After sucking, the weight of the German leeches amounted to 560 grains, 56 grains each; while the Hungary leeches weighed 1780 grains = 178 grains each.

The German leeches here sucked 75 per cent. of their weight; the Hungary leeches 642 per cent. The former extracted 24 grains, the latter 4 grains of blood.

The small Hungary leeches bit 12 minutes before the others, and sucked 12 minutes, while the German leeches sucked only 25 minutes. The bleeding, after the latter, continued two hours, after the former 5½ hours. In the Prussian provinces on the Rhine, and, in France, it is pre-

tended that bad consequences have been observed after the bite of the Hungary leech. But in the researches, instituted by Professor Fischer, in Vienna, only nervous and irritable persons suffered a little more from the bite of the Hungary than from that of the German leech, and the bites of the latter healed somewhat more slowly. The patients of La Charité discovered, as it appears, no difference in the two. Of the exotic species, never introduced into Germany, the Egyptian, (also met with in the South of Spain,) the Japan, and the South American, are equally innoxious; the Ceylon leech, on the other hand, is highly dangerous, so that from its poisonous bite malignant ulcers arise, followed by loss of substance and of the use of the limbs. — *Ann. Med.*

Ioduret of Sulphur in Tinea Capitis.

UNDER the general denomination of tinea capitis, or scald-head, is included a great variety of very dissimilar and distinct forms of cutaneous diseases, originating from many causes, and requiring different modes of treatment for their removal. Few practitioners are in the habit of entering into any nice discrimination upon this subject, or even making those necessary classifications* of these forms of cuticular eruption, without which all the means that we employ must be to a certain extent empirical. How often are these diseases held up as the opprobria of our art, and become the source of a plentiful harvest to the ignorant and pretending quack, who vends his infallible, and but too often not innocuous, nostrums to those who are weak enough to give credence to his barefaced pretensions! How often is their cure undertaken by some wise sage of the female sex, because the medical man has tried all the resources of his skill in vain! The knowledge of these facts should stimulate us to inquiry, and make us more anxious in the search of new remedies,—to take precedence of those which have but too often been found inefficient and unavailing. Although medical science has progressed much of late years, much still remains secret; and it is only by patient research and minute investigation that knowledge can be elicited, or that facts worthy of attention can be brought to light. The book of nature of knowledge, and of the various sciences and arts, is open to all who will search with diligence their well-stored pages; but we must also be aware that they will not be unfolded to those who are not at the trouble of exploring their contents.

Similar diseases, especially those affecting the cutis, are not in all constitutions capable of relief from the like treatment: we must mark well the habit of the patient, and take this, with a variety of other circumstances, into consideration, before we can hope to cure the vari-

* By thus animadverting upon the want of judgment in some, I would not have it supposed that I am an advocate for the usefulness, in a practical point of view, of those minute divisions and subdivisions which Willan, Rayer, and others, have made in diseases of the skin; for I believe that all the individual varieties which they have noticed will not be found to be specific diseases, or even distinct forms of one species, but modifications of a primary class or order by constitution and long continuance.

ous ailments to which flesh is heir, in a rational, safe, and scientific manner. This is more especially the case in diseases of the skin, as here we find a greater variety of causes brought into play, by which they are continued or excited into action. Sometimes these affections, like gout, mania, &c. &c., are transmitted hereditarily from one generation to another; and then, indeed, but too frequently, our treatment must only be of the palliative kind, and directed more to the relief of the urgent symptoms which may occasionally attend, than to the eradication and removal of the diseased action to which the cutis is periodically subject. Even in the present advanced stage of medical knowledge, from our imperfect acquaintance with the action of various medicinal substances upon the body, we must allow that we are but too often obliged to employ remedial measures, without being able fully to explain the mode, or modes, by which benefit is derived from them, only because in like cases they have been found available. Frequently do we find ulcerations which have no specific or marked character, and which have proved hitherto intractable, yield and cicatrize, under a mild mercurial course, when there can have been no reason to suspect any venereal origin. The vital actions of the body have been changed, and the health of distant parts restored, by the stimulus of the mercury; but of its *modus operandi* we are yet in ignorance. Opium, by a late writer, has been said frequently to act in a similar manner, but of this I have no experience. In such cases we may be said, and with truth, to prescribe empirically; but medicines so employed in the hands of the skilful and observant, are as safe as they are efficacious.

Iodine and its various preparations have of late years been extensively used in medicine, both in this country and on the Continent, and its value as a remedial agent all must allow. It would be out of place for me, in this paper, to enumerate the varied diseases in which it has been found available, or to mention the different forms in which it has been exhibited. It is one of the most active agents furnished us by the mineral kingdom. The preparation on which I am about to offer a few remarks, viz. the ioduret of sulphur, has been used externally as a local stimulant in the cure of scabies, and, I believe, with much success. Upon a failure of all the usual applications, I was induced to make trial of it in some obstinate cases of tinea, and was much astonished at the remarkable power it possessed over this disease. In a few days after its first application, a marked amendment took place; and upon continuing it for some little time, the eruption was entirely removed, and the scalp once more restored to a healthy state. I have used it in the form of ointment, rubbed into the head night and morning, and usually commence with one prepared according the annexed formula:—

R Ioduret. Sulphur. gr. x.; Adipis, ʒj. fiat Unguent.

the strength of which may be increased according as the affected part will bear the stimulus, until the ioduret is in the proportion of half a drachm to the ounce of lard, or spermaceti cerate. A slight staining of the cuticle attends its use. The preparation is accessible to all, being easily made by mixing 125 parts of iodine with sixteen of sulphur, and then gently heating them together over a slow fire, or the heat of a spirit lamp, until they fuse into one mass. Strict cleanliness of the scalp should be observed, and it should be washed with a piece of flannel and some soft soap, each

time before the application of the ointment. The hair should also be shaved off about once a week. When the eruption is attended with much heat, and the head is tender, and inflamed, we should give some refrigerant and cooling medicines, keeping the scalp covered with a lotion of the diacetate of lead and distilled water, for a few days previous to the commencing with the ioduretted sulphur. In scrofulous constitutions, when, as is frequently the case, the glands of the neck are enlarged, the exhibition of iodine, or the hydriodate of potass internally, will materially hasten the cure. The Hydr. cum Creta, with soda and rhubarb, will also be found of great service. The use of the ointment in cases of long standing should be continued for some time after the eruption has appeared to have died away, or we shall find that the parts will again take on a diseased action.

From the experience which I have had of this remedy, I should deem it most useful in those forms of the complaint which are attended with the heaping up a large quantity of diseased scabrous secretion, such as takes place in porrigo lupinosa and favus. These forms, also when occurring in children, are generally more tractable than the chronic eczema of the head which occurs at this period of life. I do not mean this remark to apply to any of the eruptions which occur in infants from the irritation of teething, and which subside as soon as the cause giving rise to them has passed by. In porrigo decalvans I should infer that it would be a useful stimulant; but here, having no experience of its effects, I can only offer it as a preparation worthy of trial.

The obstinacy of these diseases has, I too much fear, frequently arisen from the empirical treatment to which they have been subjected; various anomalous substances having been had recourse to, and as often as one has failed another has been substituted, until the whole routine upon such occasions has been fairly tried.

I must here say one word in censure of that mode of treatment which has been called the depilatory, and which, in my opinion, is fully as useless as it is cruel, and has nothing but its extreme torture to recommend it. No notice is usually taken of the state of the constitution giving rise to the affection. Stimulating and irritating forms of lotions and unguents are freely used; and an eruption which, when mild, would have subsided by strict attention to cleanliness and shaving the head, is by such means converted into an intractable evil. Often have I seen these affections continued merely by the means used for their removal, and disappear immediately under the use of sedative and soothing applications. By moderating the strength of the ioduretted ointment according to existing circumstances, we shall find it available in many of the cutaneous diseases of the head, and one of the most beneficial to which we can have recourse. When, in obstinate cases, the iodide of sulphur has been used for some time, and the disease is not removed, it will be found of service to alternate its use with that of some other substance; and I know of none more beneficial than the sulphuret of potass, either in the form of lotion or ointment, as may be most convenient.

Medicines and medicinal means, which are found adequate to the cure and removal of disease in the hands of one practitioner, are frequently found useless and inefficient by another, the virtue and efficacy of most depending upon the proper application of them to the

existing state of the constitution of the patient. The truth of this remark all must allow.

If these observations are the means of directing the profession to an impartial, but not empirical, trial of this preparation, the end of the writer will be attained; and he trusts that a more extended diffusion of it will tend the more fully to confirm its powers.—*Medical Gazette.*

Rarity of poisoning with Iodine.

BY DR. A. T. THOMSON.

IODINE is one of those substances which chemical science has brought to light in our time. It was discovered by M. COURTOIS in 1812, and introduced as a therapeutical agent in 1819. Few cases of its poisonous influence have been recorded, but both it and its preparations, are in daily use as remedial agents, consequently it is of importance to be acquainted with its deleterious influence; and when it has been overdosed, or otherwise improperly administered, with the means of counteracting its poisonous influence when that occurs.

SYMPTOMS —Among the few cases of poisoning by iodine, on record, is one of a child of four years of age, who died a few hours after taking a scruple of it, in the form of a tincture; but as Dr. Gairdner, who has recorded this case, does not mention the symptoms which it produced, there is some difficulty in determining what is due to the iodine, and what to the alcohol, for f $\frac{3}{4}$ ss. of strong alcohol must have been swallowed on this occasion. From two instructive cases published by M. Zinck, a Swiss physician, in the "Journal Complementary," for April, 1824, we may conclude, that although iodine only in very large quantities operates as a corrosive poison, yet, that it may also prove fatal by accumulating in the habit, like mercury, or foxglove, and some other medicinal agents. In one of these cases the tincture had been taken in moderate doses for upwards of a month, without causing any untoward effect, when the patient increased the dose to a teaspoonful: suddenly febrile symptoms presented themselves. M. Zinck found his patient restless, and complaining of a general sensation of burning heat, so strong, that he lay quite naked in the coldest period of the month of December: he had tremors of the hands; palpitations, sometimes violent, succeeded by prolonged syncope; insatiable thirst; a sense of burning along the course of the gullet; frequent purging of a matter sometimes clear, sometimes bilious, sometimes black; violent priapism; the pulse very frequent, small, and tremulous, and, alternately, hard and soft; the tongue was dry, and the body generally emaciated. When some of these symptoms diminished, those which indicated intestinal irritation, and the general inflammatory state of the system, continued; and at the termination of six weeks from the time that the symptoms of the poisoning displayed themselves, the patient expired in the act of getting into bed. The bronchocele for which the iodine was prescribed remained unaltered. A similar case occurred to Sir Benjamin Brodie, whose patient, contrary to his orders, got out of bed to the night-stool, and expired in again getting into bed.

M. Zinck met with another case, very similar, in a female, which, also, terminated fatally. The strength of the tincture of iodine administered in this case is not mentioned; but I suspect it contained more iodine than the tincture used in England, which consists of ℥ij. to fʒj. of alcohol. I have frequently carried the dose of the tincture to fʒj., three times a day, without observing any inconvenience from its use.

M. Moncurrier* has recorded a case in which fʒij. of the tincture were taken. The dose was quickly followed by extreme dryness of the pharynx, extending to the stomach, with tearing pains of the stomach, and vain efforts to vomit. At the termination of an hour, the face became flushed; the pulse quick, small, and concentrated; with a tendency to convulsions. These symptoms were allayed by soliciting vomiting with tepid water, and by the administration of opiates.

In the administration of iodine as a remedy, we find that, after being used for some time, it is apt to cause headach, vertigo, sickness at the stomach, languor, inaptitude for exertion, and general nervous feelings, and sore throat: even ptyalism, also, occasionally occurs during its employment. When these febrile and nervous symptoms take place, the pulse generally rises to above 100, and Dr. Manson found this to be the case in several instances where the tincture was given as a remedy for palsy.

In some habits in which we must suppose a peculiar idiosyncrasy to exist, even small doses cause palpitations of the heart, restlessness, and want of sleep; convulsions, faintings, and great prostration of strength. A fatal case is mentioned in "Rust's Magazine," which sank under these symptoms, with the addition of hardening of the liver. It must be admitted that much is to be attributed to idiosyncrasy, in many of the recorded cases, large doses have been taken with impunity: thus, from two to eighteen grains of iodine have been swallowed daily, until 958 grains were taken, without any inconvenience being experienced; and M. Magendie swallowed ℥j. in the form of tincture, without experiencing any bad effect.

Let us turn from these details to the experiments of Orfila on himself and on dogs. Orfila took six grains of iodine; he instantly felt heat and constriction of the throat, nausea, pain of stomach, salivation; and, in ten minutes, copious bilious vomitings supervened, with slight colic pains; and the pulse rose to 90, and became full. Next day he felt slightly fatigued. When from ʒj. to ʒjss. were given to dogs, they vomited almost immediately, and freely; and when the œsophagus was tied, these doses proved invariably fatal; efforts to vomit, hiccough, thirst, quick pulse, great depression of strength, and death, followed. When the dose was increased to ʒij. or ʒijj. it proved fatal, even when the gullet was not tied.

From these details it is evident that iodine operates in two distinct manners upon the living body; and in this respect it closely resembles arsenic in some of its poisonous properties. In large doses, its local irritant, or corrosive influence, is immediately experienced on the tissue to which it is applied; and the lesions thus produced are sufficient to account for the fatal effects of the poison. The nature of this action may be

* Journ. Chem. Med. iv. 216.

conceived by noticing the result of its external application ; it causes heat, inflammation, an eruption of pustules ; and, frequently, vesication, when the iodine is rubbed upon the skin. In small doses it enters the circulation, and, besides powerfully stimulating the capillaries to which its curative influence in glandular obstructions is to be attributed, it accumulates in the body, and operates powerfully on the nervous system. The oppression, palpitation of the heart, and syncope, demonstrate its influence on the nervous energy, and more especially on the nervous plexus of the great sympathetic. Its influence is chiefly, however, experienced on the lymphatic system, and the generative organs ; it augments absorption, suppresses the formation and deposition of adipose matter, and determines to the genital organs.

The doses at which iodine may prove mortal are from grs. 18 to 30 ; but this varies according to circumstances.—*Lancet*.

Vicarious Menstruation.

BY DR. COWAN.

THERE can be no doubt that the menstrual function has been occasionally replaced by periodical discharges from other organs or surfaces of the body. The skin, the eye, the nostrils, the lips, the ears, ulcers, and still more frequently, the mucous membrane of the stomach and intestines, have occasionally become the seat of the vicarious secretion, and perhaps the following case, which I have recently met with, may be deemed worthy to be ranked as an additional fact with the many now recorded upon this interesting subject. Mrs. B. aged 49, of industrious habits, and robust health, mother of five children, and never liable to uterine irregularity or menorrhœa, about five years since, in consequence of fright during the menstrual period, experienced suddenly a suppression of the catamenia, which have never since returned. Her general health was not sensibly affected, but two months afterwards a sudden and copious discharge of blood, per anum, took place, from which she suffered no inconvenience. Two or three months later she was sensible for the first time of a pricking sensation on the under surface of the left mamma, which was soon followed by increased heat and redness, and a discharge of a thin serous, colourless fluid, similar in no other respect than as regards the smell, to the natural menstrual secretion. This continued for about twenty-four hours, when the surface gradually dried up, desquamation followed, and the skin in a few days resumed its natural appearance. With the cessation of the discharge of the breast first affected, a precisely similar series of phenomena took place in the corresponding point of the opposite side, and has continued up to the present moment, an interval of more than four years, to be repeated at the regular monthly period. She only complains of the local smarting and the disagreeable smell, which at times she states to be almost insupportable.

The affected part occupies a space about the size of the palm of the hand, and is situated in the fold of the skin between the breast and the thorax, extending equally upon both surfaces. There is an exact correspondence

on either side, and during the period of secretion the skin has all the appearance of a raw and blistered surface; the nipple is tender, but has never been subject to any discharge.

She says that the local changes have not sensibly varied in character or extent from the commencement. — *Med. Gaz.*

On Toothache from Caries.

TROSCHER has followed up some observations made by him last year in a Prussian medical journal, in which he endeavoured to prove that the violent pain which occurs in caries of the teeth is not caused by the laying bare of the nerve; and that caries, if unaccompanied by any other ailment, is in most cases free from pain. There are exceptions, however, to this rule which are not uncommon.

We find ordinarily two or more carious teeth together, of which very often one gives great pain, and the others, which are much more injured, and in apparently worse condition, give no pain. Despite of all palliatives, and all possible attention in the avoidance of cold, the pain often lasts whole weeks, with increasing or decreasing violence; there is congestion and repeated swelling of the face, sleep and appetite are banished, and even the good constitution of the sufferer begins to be affected. After the tooth, the author of all this suffering, has been drawn, all complaints cease, and the patient soon recovers.

If the extracted tooth be now broken in two, or, what is better, sawed longitudinally through the centre, we find that from the carious part, which is often very distant from the nucleus, there extends a black or brown streak into the cavity of the tooth where the nerve lies. Sometimes this streak is not very distinctly marked, and in this part the substance of the tooth is only a little less white, duller, and more pellucid than the surrounding structure. This change of colour occurs on this account, because that the canals in the substance of the tooth, which lie in layers close one behind another, and pass from the circumference to the centre, are permeated with puss (according to the examinations of Purkinje, Valentin, Gurlt, and Müller;) they are denominated by the lastmentioned author, “*caniculi chalicophori*.” In caries of the crown of the tooth, the phosphate of lime which is contained in these canals is absorbed, and during the suppuration the carious matter infiltrates still farther from the base of the abscess into these little pores: then not only the white colour is lost, but the nucleus of the tooth (the nerve of) becomes affected, and this causes the most intolerable pain.

Every dentist of observation has seen those dark streaks which pass to the nerve; the little canals can, however, only be seen under the microscope, and then only on thin sections of the tooth prepared on a grinding stone.

It is only from very acrid applications, and such as for a period paralyze the nerve, that any alleviation is to be obtained from the torture one suffers, and which arises in the manner we have described. Even the application of the actual cautery to the carious hollow has no lasting effects, and the extraction of the tooth remains as the only resource. — *Dublin Journ.*

On an undescribed displacement of the Bones of the Fore-Arm in Children.

By J. GARDNER, Esq.

THERE is an accident of very frequent occurrence happening to children, from the time when they are just beginning to walk, to the age of from three to four years. A parent or servant is leading a child, or it is supporting itself by its hand—a sudden slip occurs—a slight crack is heard—the child screams—and upon examination is found unable to use its hand; the arm hangs powerless by its side, or is supported by the other hand, and every attempt to move it is attended with considerable pain. A surgeon is summoned, and on the first aspect supposes that either the clavicle is fractured, or the shoulder-joint dislocated. But when, on a careful examination, this is found not to be the case, and the non-existence of either dislocation or fracture is satisfactorily ascertained, he believes it to be a mere bruise, places the arm in a sling, and keeps it bathed with cold lotions. After some time, whilst dressing or undressing the child, or on some sudden movement, another fall, or pull upon the arm, a slight crack is again heard, and to the great surprise of the parent, the arm is forthwith used, and is found to be quite well. We have witnessed this frequently, surgeons not being aware of the displacement which has taken place. The only consequence, however, has been the unnecessary suffering of the child, in some cases extending to several days, and the longer in proportion to the care and tenderness exercised in its management.

The accident is produced by a pull upon the arm at the hand, simultaneously with a sudden twist; the arm immediately hangs powerless, and its rotation cannot be performed without producing great pain. The displacement consists in the tubercle of the radius, to which the tendon of the biceps flexor cubiti is attached, slipping over the edge of the anna, and being retained there. I have never seen this displacement in adults; probably the laxity of the ligaments permits it only in children. When a child is presented to me under these circumstances, after carefully ascertaining that there is no fracture either of the clavicle or bones of the arm, and no other dislocation, and the existence of the displacement being evident, I grasp the upper arm firmly in one hand, and with the other bring the fore-arm tightly upine, and suddenly bending the fore-arm upon the upper, the bones slip into their proper places: a slight crack is heard, and the child is well, and can at once use its hand.—*Medical Gazette*.

On Solid Nitrate of Silver in Gonorrhœa.

By JAMES M. CUNNING SMITH, M.D.

THE tone of a late communication in your valuable journal, by Mr. Joseph Bell, on the use of the nitrate of silver, is so unlike what your readers have hitherto been accustomed to, that I should have left the manner of that paper to correct the matter of it, had I not perceived in it several grave accusations of bad faith and deception with which Mr.

Bell has charged me; and this circumstance alone compels me to solicit the insertion of the following remarks before I leave the shores of Britain for my native country.

In the first place, I beg to lay before your readers a distinct comparative statement of the transactions of the Glasgow Lock Hospital, during the first and second half years of 1836:—

Patients remaining in the House, Jan. 1st, 1836	24
Admitted, from June 1st to June 30th (inclusive,) 1836	137
Treated, during the first half year of 1836	161
Dismissed, cured	133
Irregular.....	2
Died	2
Remaining in the House, July 1st, 1836	95
Admitted, from July 1st to Dec. 31st, 1836, (inclusive)	130
Treated, during second half of 1836.....	155
Dismissed, cured	128
Dismissed, irregular	6
Died.....	6

From this statement, carefully extracted from the journal and roll-book of the house, your readers will perceive the mode in which Dr. Hannay's numerous dismissals are accounted for. Of the patients dismissed "irregular," five had been treated by the solid nitrate for "vaginal discharge." All of them were dismissed very shortly after the first application. One of them (M. H., p. 266) for "feigning excuses to procure exit;" and two others (J. M'L., p. 269, and M. M^cK. p. 276) for "refusing to submit to treatment." From which it appears that the nitrate is not so great a favourite with the patients as with Dr. Hannay. It will also be perceived that the number treated during the six months when Dr. Hannay did not have the charge, was 161 instead of 159, erroneously stated by Mr. Bell. Of the 161 patients treated during the first half of 1836, *two* died; and of the 159, treated by Dr. Hannay, *six* died, all of whom are added, by Mr. Bell, to the list of dismissals, that gentleman omitting to mention that they were dead. Mr. B., by this novel and ingenious mode of recording the Hospital transactions for 1836, keeps out of view the evidence of the severity of the treatment, and the amount of mortality, while, at the same time, the residence of patients in the house seems shortened, the cost of each diminished, and the treatment made to appear more than usually successful. The number of beds in the hospital is at present thirty-one, to which number, for the last two years, the secretary has restricted the admission of patients, unless in the case of a mother and her infant.

[Here follow the details of a number of cases, with references to the dates and pages of the hospital book. We can only make room for the conclusions.]

From this examination of fifty-nine cases taken at random from the journals, it is evident:—

THE
CONTINENTAL AND BRITISH
MEDICAL REVIEW,
OR
MONTHLY THERAPEUTICAL JOURNAL

NOVEMBER 1, 1837.

NEW APPLICATION of CHLORIDE of ZINC in GLEET and
LEUCORRHEA,

By THE EDITOR.

WRITERS who make known the cases they meet with in their practice, or who relate the results, would render a great service to science and humanity, by giving particular attention to these cases in which the medications may prove most beneficial. To a want of precision in medical writers, are due the numerous contradictions that so commonly occur when a new medicament is brought into use, and which leave a doubt in the mind of the practitioner who might, for the benefit of his patient, use it with advantage. No fact in science is better established than the property of astringent injections in atony of the mucous membrane, whether in the mouth, the fauces, the uvula, in the intestinal tube, in the vagina, or the urethra. The mucous membranes are all recalled to a state of normal vitality by astringent applications; hence the success of bitters and vegetables containing astringent principles; port wine, salts of zinc, of iron, lead, silver, copper; the no less certain success obtained by preparations of cantharides, are due to another action, and might be claimed by the disciples of Hannemann.

While a pupil of the celebrated Dupuytren, and attending his clinical lectures, at the *Hotel Dieu*, I wrote down an observation he made on a poor patient. A young man came to consult him for an inflammatory gonorrhœa; and before our great surgeon prescribed, he turned to the few pupils around him, and said, "You must always bear in mind, that in the majority of cases there are two things to be treated;

inflammation, and contagious infection: for inflammation, prescribe general antiphlogistics; for infection, the specifics sanctioned by experience." This opinion of Dupuytren, I found among the notes I took when in Paris.

Shortly afterwards, another young man came for advice; he had chronic or atonic gonorrhœa. In this case, said Dupuytren, the inflammation is not to be subdued, but recalled. To the first patient he prescribed diet, and antiphlogistic treatment. To the second, tonics and astringents. These simple observations from so great a man, furnish matter for an entire work on gonorrhœa; and from following the principles laid down by Dupuytren, I have had the good fortune to treat with success the diseases of this kind, which I have occasionally met during my practice in London.

The success of the medicaments depends on applying them suitably. When surgeons write that nitrate of silver has cured gonorrhœa, leucorrhœa, and do not specify the period of these diseases, it is laying a snare for the good faith of practitioners who do not take the trouble to meditate on what they read. Those who wrote that tincture of cantharides cured leucorrhœa, without shewing whether in a chronic or atonic state of the internal membrane of the vagina, have led superficial readers into error. This is certainly the source of the numerous contradictions existing in medicine. Absence of application on one side, of reflection on the other, suffice to destroy confidence in any medicament.

These preliminary considerations may serve to indicate that in presenting a new medicament to the public, we shall endeavour to avoid the errors into which so many authors fall. No one, to our knowledge, has either in England or France, or in any other country, spoken of chloride of zinc in gonorrhœa, or leucorrhœa; some individual might be found to lay claim to this slight honour, but we depend on printed facts; as in a former case, we were protected by dates, when we made known our claim to having first introduced chloride of zinc in England for the treatment of cancer. If, however, any other person has published observations on the subject of which we now treat, to them we most willingly concede the honour to which they are entitled. Every individual who, by his labours or ideas, has enriched the therapeutical domain, however small may be his tribute; if he has relieved a fellow creature; contributed to cure a disease; he has performed a good action.

Whenever the urethral discharge is characterized by redness, secretion, and pain in voiding the urine, astringent medications are contra-indicated, whether the discharge be chronic or not. On this subject english and foreign physicians agree, although different means be employed to obtain the same result. Strict regimen, cooling beverage, general or local bleeding, local baths,

sedative poultices ; such are the antiphlogistic means employed, particularly in France. Slight aperients at first, refreshing alkaline drink, local baths, are the means generally employed to moderate inflammation in England. But once the inflammation subdued, in both countries, recourse is had to copaiba, or to tonic astringent injections.

There is, however, a medication which in some degree forms an exception to this general method of treatment ; it is that resulting from cubebs. " By aid of this first medicament," says Sir Astley Cooper, " the primitive inflammation may be changed to artificial, provided the primitive inflammation be not too far advanced." Sir Astley Cooper and Lawrence, in England ; Delpech and Cullerier, in France, approved of this mode of treatment. It has undoubtedly its particular indications, but its happy effects when it is properly administered, and in cases where the medical attendant is well seconded, are incontestible.

Although the method adopted in Europe is generally attended with success, yet it often happens that there are obstinate cases which seem to baffle the power of medical skill. Sir Astley Cooper says, " the duration is sometimes enough to disgrace our art ; but in no case can the disease be left to itself with any prospect of cure." Sir Astley Cooper again says, " it is not so simple a disease as one might at first be disposed to imagine ; there is no comparison between getting rid of syphilis and gonorrhœa. Syphilis is a disorder which a child may generally cure ; gonorrhœa is a disease which very often baffles the longest experience and the greatest professional skill."

It has been justly said, that the number of medicaments in the treatment of diseases rather indicated poverty than riches ; but in repeating the observation, it has not been said that there are constitutions which resist the curative influence of the best medicaments. Intermittent fevers, not cured by bark, are cured by arsenic, or by a substitute for Peruvian bark. The physician cannot have too many means at command in the treatment of diseases ; and it is when he is acquainted with the value of the different means, that he may diversify them, and employ them advantageously for his patient, and with benefit to his own reputation.

Bichat in his admirable work on the membranes, has made known the disposition of the mucous membranes to become accustomed to stimulants, and not to feel their influence. The history of the young shepherd mentioned by Chopart, may be well understood, when we know with what facility the urethra becomes used to the catheter : pessaries in the vagina ; sounds in the trachea, to aid respiration ; and in the œsophagus, to convey food to the stomach ; are so many proofs of the facility with which the membranes become habituated to impressions : to this property are chiefly due most of the chronic or atonic urethritis, which often succeed bad or injudicious

of the net being fixed to the blade, and the other to the branch, when the latter is projected, it expands the net on each side of the calculus. The net occupies so small a space, that, when gathered up, it lies close to the side of the blade, which is slightly excavated to receive it, and does not interfere with the blade closing perfectly.

When the instrument is closed, ready to be introduced into the urethra, the blades appear in no way to differ from those of the ordinary lithotrite, except at the back of the female blade; in which I have had introduced small bars, so as to intercept large fragments, and prevent them from escaping before they are sufficiently triturated.

For the working of the instrument in the bladder, at least six ounces of fluid should be injected, to prevent either the blades or the branches from touching the sides of it, and to allow the male blade to be withdrawn to the extent of an inch and a half, or even more, if the stone be large. The bladder, when healthy, will readily hold half a pint; and the larger the quantity injected, the greater will be the security against contact with the mucous membrane; which, even if it were productive of no injury to the bladder, would embarrass the operation. To facilitate the working of the blades and branches, I inject, instead of water, oil, mixed with warm water by means of powdered gum: this forms a good lubricating medium for the movements of the net when the male blade is opened and closed, which would not otherwise slide along the wire, and would tend to displace the branch when the act of crushing were commenced.

The stone being seized in the usual manner, the first step to be taken is to envelop the stone in the net: this is effected by removing the screw, and propelling each branch by sliding the handle forwards, and slightly outwards, so as to avoid its coming in contact with the stone. Instead, however, of propelling the branch in an oblique direction, it is better to turn the stone to one side, by inclining the whole instrument, and to let the branch advance in a straight line: the branch, by proceeding thus, meets with no impediment, and easily accomplishes the object of passing beyond the stone without touching the sides of the prostate gland, which it is liable to do if everted or inclined outwards. The other branch is to be projected in the same manner, until the stone is encompassed by the netting. Should the stone project too much at one side to allow one branch to pass, the instrument is to be turned to the opposite side; and such an inclination given to it, that, when the blades are opened, the stone shall fall into the side of the net that is expanded: a manœuvre which is readily practised, after a few trials with the instrument. This being done, the instrument is to be carried as far backward in the bladder as its cavity will permit, and then fixed in the vice.

As the stone may be seized in a manner unfavourable for the action of the lithotrite (as, for example, by the extremity of its beak,) and the pieces when crushed would immediately fly from the blades, it is necessary to have the stone so placed as to secure it in the net when under the operation of the teeth. To effect this, the handles of the branches are to be secured by projecting them as far forward as the catch at the under part of the instrument, and then fixing them: this will give an outward direction to the branches at the extremity of the instrument. The branches being held in this position, and fixed by making pressure on the handles with the finger and thumb, the male blade is to be drawn; and the stone,

practice belonging to some unknown surgeon. There is in London a public establishment, an hospital for diseases of the eyes, directed by the celebrated army surgeon, M. Guthrie: every day hundreds of out-door patients there receive advice, and the youngest pupils apply astringent lotions between the eyelids, with a decision and facility that could scarcely be credited.

How is it that, when there are so many scientific facts in science, to shew the advantages of astringent applications in diseases of the eyes; in affections of the mouth, and larynx; there are so many prejudices against the use of the same means in gonorrhœa? How can these said applications have been supposed to cause strictures? Have the eyelids ever been contracted after astringent applications? If some little trouble or attention were given to the mode in which astringents act on the urethral mucous membrane, injections would no longer be considered as the cause of strictures, and more confidence would be placed in this remedy. We shall study in what circumstances they are mostly applicable.

But, again, let us ask, in what manner astringents act on the tissues? Do they not cause contraction, and increase the reabsorption of the accumulated fluids, either in the cellular tissue, or in any other part? Astringent injections in the urethra, acting with this membrane in the same manner as on all tissues, will cause no swelling of the coats, and consequently no stricture; but on the contrary, strengthening the texture of the urethral coats, and increasing the absorption of the fluids that may be accumulated under the membrane, the effect will be to widen the urinary passage. The only cases in which astringent injections could be said to cause stricture, would be if the injection were too strong, and brought on violent inflammation, and an eschar was formed in the urethral passage. Induration and stricture are not, therefore, the result of astringent applications employed to remove these affections, but the natural consequence of neglected inflammation. These preliminary considerations being made, we shall relate some cases, from which we shall afterwards deduce rules for the application of zinc in the treatment of chronic gonorrhœa or leucorrhœa.

A young man of five-and-twenty was affected with blennorrhœa; the discharge was not profuse; he asked the advice of one of our countrymen who practised in London. In the first instance, copaiba was recommended, then cubebs; the discharge ceased for a few days, then reappeared; after three months' treatment, in which copaiba and cubebs were given, the young man consulted an able English surgeon, and finding no amendment from a long treatment, came to me for advice. The discharge was white and curdled; there was no pain; but following the direction of the urethral canal, I felt towards the middle of the penis an induration. I pressed on

takes off the pressure from it, in the act of closing the instrument. The net, therefore, though apparently made of slight material, will rarely be found to be injured in any of its meshes, if well made, and properly secured. It may also be observed, that the weight of a stone, in fluid, is considerably diminished; so that a very slender thread will support a calculus in a dense medium like oil and water.

It will be at once seen, that a certain extent of space in the antero-posterior diameter of the bladder is required, for the safe movements of the instrument. An accurate measure of the bladder in this direction can easily be taken, by injecting the bladder, and employing the short-beaked catheter. The operation requires a certain space for the manipulation of the instrument: it will therefore sometimes happen, that the want of capacity, either from enlargement of the prostate or from a distended rectum, may altogether forbid its performance. An enlarged state of the gland, narrowing the antero-posterior diameter of the bladder, is an obstacle that cannot be well overcome; and some danger may arise by the operator persisting in the attempt, from the injury while the gland cannot fail to sustain in the opening of the blades. Want of room is sometimes owing to sufficient fluid not being injected; in which case, time must be given for the irritability of the bladder to cease, if it is not able to retain a sufficient quantity. I have, on two or three occasions, been obliged to lay aside this instrument, and use the common lithotrite; as it is more prudent to desist, than, by an undue degree of force, to incur the risk of producing irritation, or injuring the neck of the bladder. I have used the instrument in four cases: in the two first there were large fragments, the *débris* of a former operation with the common lithotrite: these were readily broken up; and the successful result induced me to employ it in two cases of small lithic calculi, with complete effect. These cases have been sufficient to convince me, that it may be generally adopted; and that the exceptions will be only occasional, from the causes which have been mentioned.

In trying to lay down rules for the performance of an operation like lithotrity, that requires and depends upon manual skill, I feel that the best advice the young practitioner can receive, is, to gain a familiar acquaintance with his instruments, by frequently operating on the subject. No rules can supply the want of practical dexterity, and this, as in other mechanical arts, is to be acquired only by continued practice. Theory will do little for the lithotritist. If he expects that a general acquaintance with its principles, and with the action of an instrument, will render him expert in the performance of the operation, he will find that he will obtain experience after repeated failures, at the expense of severe suffering and hazard to his patient. I trust that the foregoing remarks will serve to point out in what the danger of lithotrity consists. Expertness in operating can be acquired only by long experience and frequent practice.—*Guy's Hosp. Rep.*

The Influence of the Mind on the Heart, and other Organs, in Health and Disease.

By DR. HOLLAND.

THE first inquiry was, as to the influence of the respiratory organs in the circulation of blood in the chest. He had long investigated the influence of respiration on the circulation of the blood. Strong emotions greatly

isturbed the respiratory functions. and, consequently, the circulation. In ordinary breathing, there was no evidence that the heart was influenced by the brain. The expansion of the chest, caused by a deep inspiration, facilitated the entrance of the blood to two different points, the right and the left of it. The contractions of the heart were modified, according to the quality and quantity of the blood it received. An increased quantity having gone to it, invariably augmented the rapidity of the pulse, but decreased its strength. That fact had been often proved. When the increased quantity of the blood was more stimulating than usual, the contractions were accelerated, and at the same time the pulse was augmented in force. The heart was likely to be impeded in its action by any influence which should determine blood to flow to the chest. There was voluntary and involuntary respiration. In one case, an individual immediately fainted from being requested to take a deep breath; in others, the usual effects of taking a deep breath followed, namely, a quickening of the pulse, but incapable of influencing the circulation in the same degree as when involuntary breathing ensued, the result of deep emotions. Expiration was also a voluntary and involuntary action. They could laugh when they pleased, but the effect of this on the system was not nearly so great as from what arose from involuntary expiration. Syncope and palpitation of the heart, were easily explained on this principle.

Dr. Carson differed from what had been stated. It had been stated by the author that the circulation of the blood was much affected by different states of inspiration and respiration. According to his (Dr. Carson's) views, he thought that the circulation of the blood was very little affected by respiration at all. He meant to say as to the force or quantity of it which passed through the vessels. There was another substance to be taken into question, which left the blood in a great manner in the same situation on inspiration and expiration; and that was the reception of air, by which means the expansion of the chest was accounted for without having any effect on the pressure or suction of the blood. It appeared to him that it was a most admirable provision of nature, by which she endeavoured to fill up the different stages of expansion, of expiration, and inspiration. The theory of the oxidation of the blood in the lungs was considered to be exploded by recent physiologists, and that the air passed into blood as it was; therefore that oxygenation did not arise from any change in the blood. When we sighed, a weak person's circulation was improved. What was the cause? By a deep inspiration the lungs expanded with more force; the heart imbibed a larger quantity of blood, and the circulation was improved. He considered, in opposition to Dr. D. Barry, that by inspiration the blood was not in any degree aided in coming to the chest.

Dr. Mackintosh read a paper from a medical student. He stated that Dr. Thackeray, of Leeds, had published an able essay, investigating the diseases of different trades, and the object of this short paper would be to ascertain the nature of diseases of the lungs, occurring in the workers of stone near Edinburgh. A. B., aged 25, a worker in stone at Craighleith quarry, was, two years before his death, bled and treated for a common cold. He so far recovered from the attack, that he returned to his work, but was shortly after again seized with an affection of the chest. Percussion gave a dull sound, the stethoscope showed on the right side respiratory

COMPARATIVE BILL OF MORTALITY,

From the 8th to the 29th AUGUST, 1837.

<i>Diseases.</i>	<i>Aug. 8.</i>	<i>15.</i>	<i>22.</i>	<i>29.</i>
Abcess	1	—	2	4
Age and Debility	23	40	34	23
Apoplexy	6	5	5	1
Asthma	5	14	4	8
Cancer	—	2	—	1
Childbirth	2	3	2	5
Cholera	—	—	—	1
Consumption	38	56	51	35
Constipation	—	—	—	—
Convulsions	33	33	42	31
Croup	—	1	2	—
Dentition or Teething	9	17	4	9
Diarrhæa	1	—	2	2
Dropsy	6	7	11	8
—— in the Brain	12	17	5	4
—— in the Chest	1	2	2	1
Dysentery	—	—	—	—
Epilepsy	1	1	—	—
Erysipelas	—	1	1	1
Fever	18	14	19	12
—— Intermittent, {	—	3	—	—
or Ague }	—	—	—	—
—— Scarlet	—	2	2	8
—— Typhus	2	3	1	3
Fistula	—	—	—	—
Gout	1	1	1	—
Hæmorrhage	3	1	—	—
Heart, diseased	2	1	—	—
Hernia	—	—	—	—
Hooping Cough	13	16	6	9
Indigestion	—	—	—	—

<i>Diseases.</i>	<i>Aug. 8.</i>	<i>15.</i>	<i>22.</i>	<i>29.</i>
Inflammation	16	26	27	19
Inflammation of	7	5	2	1
the Brain }				
—— of Bowels and	4	3	6	4
Stomach }				
—— of the Lungs	6	7	6	4
and Pleura }				
Influenza	—	4	—	2
Insanity	—	2	9	2
Jaundice	—	1	—	—
Liver, diseased	—	11	3	—
Locked Jaw	—	—	—	—
Measles	8	19	25	14
Miscarriage	—	—	—	—
Mortification	2	—	1	2
Paralysis	1	2	1	2
Rheumatism	—	2	—	—
Scrofula	—	—	—	—
Small Pox	3	5	5	8
Sore Throat & Quinsey	—	—	—	2
Spasms	—	1	1	1
Stone and Gravel	—	—	—	—
Stricture	—	—	1	—
Thrush	1	1	1	1
Tumor	1	1	1	1
Venereal	—	—	—	—
Unknown Causes	2	8	12	15
Casualties	3	7	5	4
<i>Total</i>	<i>231</i>	<i>335</i>	<i>302</i>	<i>248</i>

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Tabulæ Nosologiæ et Historiæ Morborum,
by J. R. Nicholls.

On the nature and treatment of the most frequent Diseases of Children, with observations on the management of early Infants—Practical remarks on the exhibition of Opium, &c., by Miles Marby, F. L. S.

of the same invention, the exhibition of which, and the inventor's happy humour, elicited loud applause.

Dr. Carlisle related two cases of malformation of the brain. One was a female in whom the skull was found to correspond with the size of the brain. A section showed the mass of brain small—no deficiency in the anterior part; convolutions small, but sufficiently distant; cerebellum only $\frac{1}{4}$ of the natural size; arbor vitæ, and principal branches from it, membranous-like; cerebral ganglia not distinct; pons varolii small; no grey and white matter; corpora striata small; pineal gland containing clusters of follicles. Organs of generation remarkably well developed, resembling considerably the organs of lower animals; hymen wanting. He was unable to obtain any history of the case; but from the absence of the hymen, and the full development of the generative organs, he inferred that she had had intercourse with the male, and that from her unattractive appearance she had solicited the intercourse, rather than been solicited.

CASE 2. He had ascertained the history of this case. The house pupil had ascertained that the man was a mendicant; that he was born deaf and dumb, but had sufficient intelligence to read and write. His muscular structure was well developed, and he had marks on the groin and penis of previous venereal affections. He had a well constructed brain. The cerebral membrane deficient; and all the vermiform process gone. He had been induced to bring these cases forward, to make inquiry how these could be accommodated to the theory of Dr. Spurzheim. He cited several other similar cases from other authorities besides these, where there was a deficiency of cerebellum, and at the same time strong animal passions. This class of cases had been completely overlooked by the advocates of phrenology. They did not find a large brain always accompanied with great talent, or a small one with deficiency of mental powers. The bone of the race-horse was not so large as the cart-horse's, yet it was much denser and stronger. They knew many persons of but small muscular development, who had greater strength than others who had greater muscular development. The size of the finger did not determine the power of touch. So far from size being necessary, large and small parts possessed equal powers. They were not to look at the size of the brain only as showing power, but to take into consideration the organisation of its natural parts. Tiedemann had asserted that the negro brain was perfectly equal in size and in weight to the European; but this was not the way to ascertain the quality of the brain. Up to a certain period he believed that the child of the negro was equal to the child of the white man; but if he was to be taught mathematics he broke down at once, and the white child passed him. He inferred from that fact that the brain of the negro, though equal in size, and corresponding in external relation, yet in the internal structure was deficient. And even further, amongst the brains of Europeans, a great difference in the internal structure was observable between individuals possessing a greater or less degree of intellectual power. *Communicated at the Meeting of the British Association.—Ann. Med.*

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Fistula.	—	—	—	—
Gout	1	1	1	—
Hæmorrhage	3	1	—	—
Heart, diseased	2	1	—	—
Hernia	—	—	—	—
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—— of the Lungs { and Pleura . . . }	6	7	6	4
Influenza	—	4	—	2
Insanity	—	2	9	2
Jaundice	—	1	—	—
Liver, diseased	—	11	3	—
Locked Jaw	—	—	—	—
Measles	8	19	25	14
Miscarriage	—	—	—	—
Mortification	2	—	1	2
Paralysis	1	2	1	2
Rheumatism	—	2	—	—
Scrofula	—	—	—	—
Small Pox	3	5	5	8
Sore Throat & Quinsey	—	—	—	2
Spasms	—	1	1	1
Stone and Gravel	—	—	—	—
Stricture	—	—	1	—
Thrush	1	1	1	1
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LEUCORRHEA,

BY THE EDITOR.

WRITERS who make known the cases they meet with in their practice, or who relate the results, would render a great service to science and humanity, by giving particular attention to these cases in which the medications may prove most beneficial. To a want of precision in medical writers, are due the numerous contradictions that so commonly occur when a new medicament is brought into use, and which leave a doubt in the mind of the practitioner who might, for the benefit of his patient, use it with advantage. No fact in science is better established than the property of astringent injections in atony of the mucous membrane, whether in the mouth, the fauces, the uvula, in the intestinal tube, in the vagina, or the urethra. The mucous membranes are all recalled to a state of normal vitality by astringent applications; hence the success of bitters and vegetables containing astringent principles; port wine, salts of zinc, of iron, lead, silver, copper; the no less certain success obtained by preparations of cantharides, are due to another action, and might be claimed by the disciples of Hahnemann.

While a pupil of the celebrated Dupuytren, and attending his clinical lectures, at the *Hotel Dieu*, I wrote down an observation he made on a poor patient. A young man came to consult him for an inflammatory gonorrhœa; and before our great surgeon prescribed, he turned to the few pupils round him, and said, "You must always bear in mind, that in the majority of cases there are two things to be treated;

inflammation, and contagious infection: for inflammation, prescribe general antiphlogistics; for infection, the specifics sanctioned by experience." This opinion of Dupuytren, I found among the notes I took when in Paris.

Shortly afterwards, another young man came for advice; he had chronic or atonic gonorrhœa. In this case, said Dupuytren, the inflammation is not to be subdued, but recalled. To the first patient he prescribed diet, and antiphlogistic treatment. To the second, tonics and astringents. These simple observations from so great a man, furnish matter for an entire work on gonorrhœa; and from following the principles laid down by Dupuytren, I have had the good fortune to treat with success the diseases of this kind, which I have occasionally met during my practice in London.

The success of the medicaments depends on applying them suitably. When surgeons write that nitrate of silver has cured gonorrhœa, leucorrhœa, and do not specify the period of these diseases, it is laying a snare for the good faith of practitioners who do not take the trouble to meditate on what they read. Those who wrote that tincture of cantharides cured leucorrhœa, without shewing whether in a chronic or atonic state of the internal membrane of the vagina, have led superficial readers into error. This is certainly the source of the numerous contradictions existing in medicine. Absence of application on one side, of reflection on the other, suffice to destroy confidence in any medicament.

These preliminary considerations may serve to indicate that in presenting a new medicament to the public, we shall endeavour to avoid the errors into which so many authors fall. No one, to our knowledge, has either in England or France, or in any other country, spoken of chloride of zinc in gonorrhœa, or leucorrhœa; some individual might be found to lay claim to this slight honour, but we depend on printed facts; as in a former case, we were protected by dates, when we made known our claim to having first introduced chloride of zinc in England for the treatment of cancer. If, however, any other person has published observations on the subject of which we now treat, to them we most willingly concede the honour to which they are entitled. Every individual who, by his labours or ideas, has enriched the therapeutical domain, however small may be his tribute; if he has relieved a fellow creature; contributed to cure a disease; he has performed a good action.

Whenever the urethral discharge is characterized by redness, secretion, and pain in voiding the urine, astringent medications are contra-indicated, whether the discharge be chronic or not. On this subject english and foreign physicians agree, although different means be employed to obtain the same result. Strict regimen, cooling beverage, general or local bleeding, local baths,

sedative poultices ; such are the antiphlogistic means employed, particularly in France. Slight aperients at first, refreshing alkaline drink, local baths, are the means generally employed to moderate inflammation in England. But once the inflammation subdued, in both countries, recourse is had to copaiba, or to tonic astringent injections.

There is, however, a medication which in some degree forms an exception to this general method of treatment ; it is that resulting from cubebs. "By aid of this first medicament," says Sir Astley Cooper, "the primitive inflammation may be changed to artificial, provided the primitive inflammation be not too far advanced." Sir Astley Cooper and Lawrence, in England ; Delpech and Cullerier, in France, approved of this mode of treatment. It has undoubtedly its particular indications, but its happy effects when it is properly administered, and in cases where the medical attendant is well seconded, are incontestible.

Although the method adopted in Europe is generally attended with success, yet it often happens that there are obstinate cases which seem to baffle the power of medical skill. Sir Astley Cooper says, "the duration is sometimes enough to disgrace our art ; but in no case can the disease be left to itself with any prospect of cure." Sir Astley Cooper again says, "it is not so simple a disease as one might at first be disposed to imagine ; there is no comparison between getting rid of syphilis and gonorrhœa. Syphilis is a disorder which a child may generally cure ; gonorrhœa is a disease which very often baffles the longest experience and the greatest professional skill."

It has been justly said, that the number of medicaments in the treatment of diseases rather indicated poverty than riches ; but in repeating the observation, it has not been said that there are constitutions which resist the curative influence of the best medicaments. Intermittent fevers, not cured by bark, are cured by arsenic, or by a substitute for Peruvian bark. The physician cannot have too many means at command in the treatment of diseases ; and it is when he is acquainted with the value of the different means, that he may diversify them, and employ them advantageously for his patient, and with benefit to his own reputation.

Bichat in his admirable work on the membranes, has made known the disposition of the mucous membranes to become accustomed to stimulants, and not to feel their influence. The history of the young shepherd mentioned by Chopart, may be well understood, when we know with what facility the urethra becomes used to the catheter : pessaries in the vagina ; sounds in the trachea, to aid respiration ; and in the œsophagus, to convey food to the stomach ; are so many proofs of the facility with which the membranes become habituated to impressions : to this property are chiefly due most of the chronic or atonic urethritis, which often succeed bad or injudicious

of the net being fixed to the blade, and the other to the branch, when the latter is projected, it expands the net on each side of the calculus. The net occupies so small a space, that, when gathered up, it lies close to the side of the blade, which is slightly excavated to receive it, and does not interfere with the blade closing perfectly.

When the instrument is closed, ready to be introduced into the urethra, the blades appear in no way to differ from those of the ordinary lithotrite, except at the back of the female blade; in which I have had introduced small bars, so as to intercept large fragments, and prevent them from escaping before they are sufficiently triturated.

For the working of the instrument in the bladder, at least six ounces of fluid should be injected, to prevent either the blades or the branches from touching the sides of it, and to allow the male blade to be withdrawn to the extent of an inch and a half, or even more, if the stone be large. The bladder, when healthy, will readily hold half a pint; and the larger the quantity injected, the greater will be the security against contact with the mucous membrane; which, even if it were productive of no injury to the bladder, would embarrass the operation. To facilitate the working of the blades and branches, I inject, instead of water, oil, mixed with warm water by means of powdered gum: this forms a good lubricating medium for the movements of the net when the male blade is opened and closed, which would not otherwise slide along the wire, and would tend to displace the branch when the act of crushing were commenced.

The stone being seized in the usual manner, the first step to be taken is to envelop the stone in the net: this is effected by removing the screw, and propelling each branch by sliding the handle forwards, and slightly outwards, so as to avoid its coming in contact with the stone. Instead, however, of propelling the branch in an oblique direction, it is better to turn the stone to one side, by inclining the whole instrument, and to let the branch advance in a straight line: the branch, by proceeding thus, meets with no impediment, and easily accomplishes the object of passing beyond the stone without touching the sides of the prostate gland, which it is liable to do if everted or inclined outwards. The other branch is to be projected in the same manner, until the stone is encompassed by the netting. Should the stone project too much at one side to allow one branch to pass, the instrument is to be turned to the opposite side; and such an inclination given to it, that, when the blades are opened, the stone shall fall into the side of the net that is expanded: a manœuvre which is readily practised, after a few trials with the instrument. This being done, the instrument is to be carried as far backward in the bladder as its cavity will permit, and then fixed in the vice.

As the stone may be seized in a manner unfavourable for the action of the lithotrite (as, for example, by the extremity of its beak,) and the pieces when crushed would immediately fly from the blades, it is necessary to have the stone so placed as to secure it in the net when under the operation of the teeth. To effect this, the handles of the branches are to be secured by projecting them as far forward as the catch at the under part of the instrument, and then fixing them: this will give an outward direction to the branches at the extremity of the instrument. The branches being held in this position, and fixed by making pressure on the handles with the finger and thumb, the male blade is to be drawn; and the stone,

whatever be its position, will, of necessity, fall into the expanded nets. In the ordinary mode of operating, however disadvantageous be the position of the stone when seized, the crushing must begin without the power of altering it. This may be one cause of the male blade having, in more than one instance, yielded to the force of the hammer, when acting on a stone so placed; and it is one recommendation of the net, that the calculus is thrown between the blades, where they can act with the greatest power on the stone, and with the least risk of breaking or yielding.

The branches are next to be secured on a level with the outer part of the female blade. The handles are therefore to be advanced as far forward as the eye in the under catch, and to be secured by passing the screw through them. The instrument being thus adjusted, and poised in the posterior part of the bladder, in order to allow sufficient room for opening the blade without pressing the prostate, or neck of the bladder, the operation of crushing commences. The alternate closing and opening of the blades will explain the principle on which the instrument acts. The screw is to be turned upon the calculus, in order to crush it; and for this, but little force is required, even when the stone is hard, if the instrument is constructed true. The blade is to be withdrawn suddenly; and the fragments will fall immediately before the blade, and ready to be crushed when the screw is again turned. By opening and closing the instrument as fast as the hand of the operator can move the screw, the stone is gradually broken up into fragments of small size; which escape, through the meshes of the net or the end of the instrument, into the bladder. The portions of stone are not too large to pass through a healthy canal. Before concluding that the stone is entirely crushed, the operator should unscrew the vice, and turn the instrument, first to one side and then to the other, that any fragment of large size, lodging within the net, may be tilted between blades, and be reduced to smaller size. Having satisfied himself that the operation is completed, he then proceeds to close the instrument; first taking care that no fragments remain entangled in the net. This may be ascertained by drawing back the net on one side; and inclining the instrument to that side, in order to throw out any pieces that may adhere to the meshes: the same is done in the opposite direction; and the nets, being cleared, are to be closed, by carefully drawing back the branches, and securing them to the male blade by means of the screw. When the blades have been securely closed, the instrument is withdrawn. The net, being oiled, produces, in its passage, no uneasy sensation.

In working the instrument, there is no danger of injuring the bladder, as the branches are not moved in the operation; or if a piece of stone is forced outward, the net yields, and the branch with it, but they return to their places by the elasticity of the steel wire. It may be observed, that there is very little chance of the stone displacing the wires; as they are below the level of the female blade, and do not receive the pressure of the calculus. And if the net has to bear more than usual pressure from an angular fragment of stone, it has to sustain it when the male blade is advancing under the action of the screw; and thus the pressure becomes diminished, by the net being relaxed when the instrument closes. In using the instrument, it will be seen that the same force which projects the stone laterally against the net

takes off the pressure from it, in the act of closing the instrument. The net, therefore, though apparently made of slight material, will rarely be found to be injured in any of its meshes, if well made, and properly secured. It may also be observed, that the weight of a stone, in fluid, is considerably diminished; so that a very slender thread will support a calculus in a dense medium like oil and water.

It will be at once seen, that a certain extent of space in the antero-posterior diameter of the bladder is required, for the safe movements of the instrument. An accurate measure of the bladder in this direction can easily be taken, by injecting the bladder, and employing the short-beaked catheter. The operation requires a certain space for the manipulation of the instrument: it will therefore sometimes happen, that the want of capacity, either from enlargement of the prostate or from a distended rectum, may altogether forbid its performance. An enlarged state of the gland, narrowing the antero-posterior diameter of the bladder, is an obstacle that cannot be well overcome; and some danger may arise by the operator persisting in the attempt, from the injury while the gland cannot fail to sustain in the opening of the blades. Want of room is sometimes owing to sufficient fluid not being injected; in which case, time must be given for the irritability of the bladder to cease, if it is not able to retain a sufficient quantity. I have, on two or three occasions, been obliged to lay aside this instrument, and use the common lithotrite; as it is more prudent to desist, than, by an undue degree of force, to incur the risk of producing irritation, or injuring the neck of the bladder. I have used the instrument in four cases: in the two first there were large fragments, the *débris* of a former operation with the common lithotrite: these were readily broken up; and the successful result induced me to employ it in two cases of small lithic calculi, with complete effect. These cases have been sufficient to convince me, that it may be generally adopted; and that the exceptions will be only occasional, from the causes which have been mentioned.

In trying to lay down rules for the performance of an operation like lithotrity, that requires and depends upon manual skill, I feel that the best advice the young practitioner can receive, is, to gain a familiar acquaintance with his instruments, by frequently operating on the subject. No rules can supply the want of practical dexterity, and this, as in other mechanical arts, is to be acquired only by continued practice. Theory will do little for the lithotritist. If he expects that a general acquaintance with its principles, and with the action of an instrument, will render him expert in the performance of the operation, he will find that he will obtain experience after repeated failures, at the expense of severe suffering and hazard to his patient. I trust that the foregoing remarks will serve to point out in what the danger of lithotrity consists. Expertness in operating can be acquired only by long experience and frequent practice.—*Guy's Hosp. Rep.*

The Influence of the Mind on the Heart, and other Organs, in Health and Disease.

By DR. HOLLAND.

THE first inquiry was, as to the influence of the respiratory organs in the circulation of blood in the chest. He had long investigated the influence of respiration on the circulation of the blood. Strong emotions greatly

felt no pain; they were renewed, and a small piece of lint imbibed in the lotion was left in the urethral canal. The patient was completely cured in a week.

In the course of three years I have had several opportunities of prescribing chloride of zinc in injections; and whether at the commencement of the disease, when the inflammation was still in a state of incubation, or whether the disease had lasted long, and the violence of the inflammation had abated, chloride of zinc had good results; and from this moment I considered it as a new instrument for subduing the disease, and consequently as a good acquisition in therapeutics.

The effects of topical astringents on the membrane of the urethra would be the same on the conjunctiva; and I tried it several times with success.

From the application of chloride of zinc in urethritis to that of chronic vaginitis, there was but one step; and for this latter disease the opportunities of trying it were more numerous, owing to the recent publication of my essay on leucorrhea, which brought me many patients. In large cities the public generally apply to those who have written on any particular disease, very naturally supposing that the author must be well acquainted with his subject; it is certainly possible that a medical man who does not write may be a good practitioner, but the public are not aware of it, and the knowledge of his abilities must necessarily be confined to his own private circle; unless it be granted that study, observation, facts, are valueless, it must be allowed that an author has acquired some knowledge before he publishes a work.

I hope I may be excused this slight digression, intended as an answer to those individuals, who, unable to produce anything themselves, are ever ready to depreciate the labours of others. Had no person taken the trouble to write, science would still be in its infancy; all the discoveries of genius, all the results of experience would be lost to humanity: the heads of the profession are authors; Astley Cooper, Brodie, Lawrence, Johnson, Bright, Copeland, and other eminent men have written, and they are entitled to the gratitude of science for having contributed to its advancement.

Leucorrhea, or a discharge of matter of different colour, is but a symptom, not a disease; as expectoration is but the symptom of various diseases of the lungs. It is evident that when leucorrhea is due to an alteration of the womb, or to schirrus, cancerous or venereal ulceration, we must seek the causes for a therapeutical indication. When leucorrhea depends on the presence of a pessary, or that of a polypus, the foreign agent, causing and maintaining the irritation of the vaginal mucous membrane, must be removed.

In all circumstances when the leucorrheal discharge originates in a material cause, as alteration of the tissues, or presence of a foreign agent, local applications, to arrest the source of the discharge, will have no effect, unless they act on the alteration itself,

and unless the medicament employed is suited to the nature of the inflammation; thus an astringent would not have the power of removing a discharge dependent on a syphilitic ulcer on the neck of the womb.

The nullity of medicaments often depends on their ill-directed application. If after a laborious accouchement the discharge continues when the lochia have ceased, there is reason to suppose the discharge may be caused by a state of atony of the mucous membrane of the vagina. It is then that tonics and astringents may be recommended, and more particularly if the neck of the uterus be not diseased. There are females of lymphatic and scrofulous constitutions with whom these discharges continue, notwithstanding the different medications, and who fall into a state of debility, which added to their constitutional state, prevent menstruation and cause sterility. In these cases, tonic and astringent applications may produce the best effects, and recourse may be had to the series of medicaments sanctioned by experience. The indication is to change the morbid state of the mucous membrane of the vagina, and to modify the chronic habit in bringing it to a normal state, but the result would not be lasting; local applications would not suffice for females, without acting on the whole debilitated constitution, strengthening by succulent alimentation; change of life, or by tonic medicaments taken internally.

Case.—A lady, aged 21, lost her first child two months after its birth; she was deeply affected by this loss, her menses did not appear, and the lochial discharge continued; though of a delicate and lymphatic constitution, this lady did not take medical advice; she wasted away, lost her color, her lips were pallid; as the patient grew weaker the discharge increased. The digestion became difficult and the general health was injured. She complained of local darting pains. My advice was asked; I examined the genital organs; the mucous membrane was discolored, precisely as the lips and conjunctiva; no alteration of the womb; palpitations of the heart, edema of the feet, are common to debilitated females. This lady seldom walked; she was weak and suffered from pains in her loins. I prescribed ferruginous pills, which generally prove beneficial in cases of chlorosis, and I also recommended injections with chloride of zinc; in less than two months this lady recovered her strength; the color was restored to her cheeks; the white discharge no longer existed; the menses came on, and a state of happiness and serenity of mind succeeded to the apathy and indifference which had so greatly afflicted this lady's friends.

It may perhaps be said that martial preparations contributed more to the cure than the chlorine injections. I am far from denying the influence of these preparations; besides which I only relate this fact as an example of the application of chloride of zinc as a tonic astringent; if, however, in this case chloride of zinc seems only to have played a secondary part, the following case will better

of the same invention, the exhibition of which, and the inventor's happy humour, elicited loud applause.

Dr. Carlisle related two cases of malformation of the brain. One was a female in whom the skull was found to correspond with the size of the brain. A section showed the mass of brain small—no deficiency in the anterior part; convolutions small, but sufficiently distant; cerebellum only $\frac{1}{4}$ of the natural size; arbor vitæ, and principal branches from it, membranous-like; cerebral ganglia not distinct; pons varolii small; no grey and white matter; corpora striata small; pineal gland containing clusters of follicles. Organs of generation remarkably well developed, resembling considerably the organs of lower animals; hymen wanting. He was unable to obtain any history of the case; but from the absence of the hymen, and the full development of the generative organs, he inferred that she had had intercourse with the male, and that from her unattractive appearance she had solicited the intercourse, rather than been solicited.

CASE 2. He had ascertained the history of this case. The house pupil had ascertained that the man was a mendicant; that he was born deaf and dumb, but had sufficient intelligence to read and write. His muscular structure was well developed, and he had marks on the groin and penis of previous venereal affections. He had a well constructed brain. The cerebral membrane deficient; and all the vermiform process gone. He had been induced to bring these cases forward, to make inquiry how these could be accommodated to the theory of Dr. Spurzheim. He cited several other similar cases from other authorities besides these, where there was a deficiency of cerebellum, and at the same time strong animal passions. This class of cases had been completely overlooked by the advocates of phrenology. They did not find a large brain always accompanied with great talent, or a small one with deficiency of mental powers. The bone of the race-horse was not so large as the cart-horse's, yet it was much denser and stronger. They knew many persons of but small muscular development, who had greater strength than others who had greater muscular development. The size of the finger did not determine the power of touch. So far from size being necessary, large and small parts possessed equal powers. They were not to look at the size of the brain only as showing power, but to take into consideration the organisation of its natural parts. Tiedemann had asserted that the negro brain was perfectly equal in size and in weight to the European; but this was not the way to ascertain the quality of the brain. Up to a certain period he believed that the child of the negro was equal to the child of the white man; but if he was to be taught mathematics he broke down at once, and the white child passed him. He inferred from that fact that the brain of the negro, though equal in size, and corresponding in external relation, yet in the internal structure was deficient. And even further, amongst the brains of Europeans, a great difference in the internal structure was observable between individuals possessing a greater or less degree of intellectual power. *Communicated at the Meeting of the British Association.—Ann. Med.*

COMPARATIVE BILL OF MORTALITY,

From the 8th to the 29th AUGUST, 1837.

<i>Diseases.</i>	<i>Aug. 8.</i>	<i>15.</i>	<i>22.</i>	<i>29.</i>
Abcess	1	—	2	4
Age and Debility	23	40	34	23
Apoplexy	6	5	5	1
Asthma	5	14	4	8
Cancer	—	2	—	1
Childbirth	2	3	2	5
Cholera	—	—	—	1
Consumption	38	56	51	35
Constipation	—	—	—	—
Convulsions	33	33	42	31
Croup	—	1	2	—
Dentition or Teething	9	17	4	9
Diarrhæa	1	—	2	2
Dropsy	6	7	11	8
—— in the Brain	12	17	5	4
—— in the Chest	1	2	2	1
Dysentery	—	—	—	—
Epilepsy	1	1	—	—
Erysipelas	—	1	1	1
Fever	18	14	19	12
—— Intermittent, {	—	3	—	—
or Ague }	—	—	—	—
—— Scarlet	—	2	2	8
—— Typhus	2	3	1	3
Fistula	—	—	—	—
Gout	1	1	1	—
Hæmorrhage	3	1	—	—
Heart, diseased	2	1	—	—
Hernia	—	—	—	—
Hooping Cough	13	16	6	9
Indigestion	—	—	—	—

<i>Diseases.</i>	<i>Aug. 8.</i>	<i>15.</i>	<i>22.</i>	<i>29.</i>
Inflammation	16	26	27	19
Inflammation of the Brain }	7	5	2	1
—— of Bowels and Stomach }	4	3	6	4
—— of the Lungs and Pleura }	6	7	6	4
Influenza	—	4	—	2
Insanity	—	2	9	2
Jaundice	—	1	—	—
Liver, diseased	—	11	3	—
Locked Jaw	—	—	—	—
Measles	8	19	25	14
Miscarriage	—	—	—	—
Mortification	2	—	1	2
Paralysis	1	2	1	2
Rheumatism	—	2	—	—
Scrofula	—	—	—	—
Small Pox	3	5	5	8
Sore Throat & Quinsey	—	—	—	2
Spasms	—	1	1	1
Stone and Gravel	—	—	—	—
Stricture	—	—	1	—
Thrush	1	1	1	1
Tumor	1	1	1	1
Venereal	—	—	—	—
Unknown Causes	2	8	12	15
Casualties	3	7	5	4
<i>Total</i>	<i>231</i>	<i>335</i>	<i>302</i>	<i>248</i>

BOOKS RECEIVED FOR REVIEW.

On the nature and treatment of the diseases of the Heart, with some new views on the physiology of the circulation, by James Wardrop, M. D.

A Treatise on the disease and injuries of the Larynx and Trachea, by Frederic Ryland, Surgeon to the Town Infirmary, Manchester.

Tabulæ Nosologiæ et Historiæ Morborum
by J. R. Nicholls.

On the nature and treatment of the most frequent Diseases of Children, with observations on the management of early Infancy. Practical remarks on the exhibition of Opium &c., by Miles Marby, F. L. S.

THE
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MEDICAL REVIEW,
OR
MONTHLY THERAPEUTICAL JOURNAL

NOVEMBER 1, 1837.

APPLICATION of CHLORIDE of ZINC in GLEET and
LEUCORRHEA,

By THE EDITOR.

Persons who make known the cases they meet with in their practice or who relate the results, would render a great service to science and humanity, by giving particular attention to these cases in which the medications may prove most beneficial. To a want of precision in medical writers, are due the numerous contradictions that so commonly occur when a new medicament is brought into use, and which leave a doubt in the mind of the practitioner who might, for the benefit of his patient, use it to his advantage. No fact in science is better established than the property of astringent injections in atony of the mucous membrane, whether in the mouth, the fauces, the uvula, in the intestinal tube, in the vagina, or the urethra. The mucous membranes are all recalled to a state of normal vitality by astringent applications; hence the success of bitters and port wine, salts of iron, lead, silver, copper; the no less certain success obtained by preparations of cantharides, are due to another cause, and might be claimed by the disciples of Hahnemann.

While a pupil of the celebrated Dupuytren, and attending his clinical lectures, at the *Hotel Dieu*, I wrote down an observation he made on a poor patient. A young man came to consult him for an inflammatory gonorrhœa; and before the great surgeon prescribed, he turned to the few pupils around him, and said, "You must always bear in mind, that in the majority of cases there are two things to be treated;

inflammation, and contagious infection: for inflammation, prescribe general antiphlogistics; for infection, the specifics sanctioned by experience." This opinion of Dupuytren, I found among the notes I took when in Paris.

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sedative poultices ; such are the antiphlogistic means employed, particularly in France. Slight aperients at first, refreshing alkaline drink, local baths, are the means generally employed to moderate inflammation in England. But once the inflammation subdued, in both countries, recourse is had to copaiba, or to tonic astringent injections.

There is, however, a medication which in some degree forms an exception to this general method of treatment ; it is that resulting from cubebs. "By aid of this first medicament," says Sir Astley Cooper, "the primitive inflammation may be changed to artificial, provided the primitive inflammation be not too far advanced." Sir Astley Cooper and Lawrence, in England ; Delpech and Cullerier, in France, approved of this mode of treatment. It has undoubtedly its particular indications, but its happy effects when it is properly administered, and in cases where the medical attendant is well seconded, are incontestible.

Although the method adopted in Europe is generally attended with success, yet it often happens that there are obstinate cases which seem to baffle the power of medical skill. Sir Astley Cooper says, "the duration is sometimes enough to disgrace our art ; but in no case can the disease be left to itself with any prospect of cure." Sir Astley Cooper again says, "it is not so simple a disease as one might at first be disposed to imagine ; there is no comparison between getting rid of syphilis and gonorrhœa. Syphilis is a disorder which a child may generally cure ; gonorrhœa is a disease which very often baffles the longest experience and the greatest professional skill."

It has been justly said, that the number of medicaments in the treatment of diseases rather indicated poverty than riches ; but in repeating the observation, it has not been said that there are constitutions which resist the curative influence of the best medicaments. Intermittent fevers, not cured by bark, are cured by arsenic, or by a substitute for Peruvian bark. The physician cannot have too many means at command in the treatment of diseases ; and it is when he is acquainted with the value of the different means, that he may diversify them, and employ them advantageously for his patient, and with benefit to his own reputation.

Bichat in his admirable work on the membranes, has made known the disposition of the mucous membranes to become accustomed to stimulants, and not to feel their influence. The history of the young shepherd mentioned by Chopart, may be well understood, when we know with what facility the urethra becomes used to the catheter : pessaries in the vagina ; sounds in the trachea, to aid respiration ; and in the œsophagus, to convey food to the stomach ; are so many proofs of the facility with which the membranes become habituated to impressions : to this property are chiefly due most of the chronic or atonic urethritis, which often succeed bad or injudicious

The sordid whiteness of the tongue does not indicate anything serious, and is easily removed by slight medicine. The case is very different, if through the lardaceous coat of fur, morbid redness be apparent, particularly on the point where the tongue is cleansed by coming in contact with the teeth. In this case the observations we have made on redness are applicable.

3rd. *Villous whiteness*.—This name is given to a yellowness existing at the tip and surface of the tongue, in the shape of *villosity* (lanuggine), similar to the roughness of a bullock's tongue. This state is natural to some persons, but it indicates a disease of the mucous crypts, with permanent erection, and development of the villousities. The disease indicated by a similar state, generally consists in a slow phlogosis of the crypts or follicles, either bronchic or pulmonary, whether of the stomach or intestines. This phlogosis has a particular character, owing to the seat it occupies; it is a slow phlogosis, not feverish but of long duration. Such is the state of the tongue in convulsive coughs, in *grippe*, in croup, diseases the nature of which consists in a species of *adeno tracheite*, *adeno bronchite*, slow and in variable degrees. The lungs are subject to the same sort of phlogosis (chronic pneumonites), which is common to tuberculous patients. In these cases the *villous whiteness* we have mentioned is always seen. A circumstance of this kind is well worthy of observation in certain cases where the diagnostic is ambiguous.

Several affections of the alimentary tube have as a constant symptom the villosity of the tongue; for instance, dyspeptic (*gastro duodenite chronique*), hypochondria, habitual vomiting, chronic diarrhea, pellagra, elmenthes and various slow fevers. All these affections are resumed in adeno gastritis, and adeno enteritis, in divers degrees.

The villosity of the tongue is also apparent in chronic affections of the other glands of the abdominal cavity, such as pancreatites, hepatites, and the mesenteric tube. Those medical men who are not aware of the recent researches of the pathologic anatomy will not easily admit that the villosity of the tongue indicates chronic adenites, and that the only remedy that can cure it are those called mercurial preparations, iodide, barytes, brome, chloride of lime, and hemlock.

4th. *Silvery or aponevrotic whiteness*.—The tongue is sometimes of a bright white; purgatives and exciting remedies have no action on it. If this state of the tongue be seen in patients whose digestive functions are much disordered, they are probably affected with schirrus or cancer, either in the pylorus or cardia, or some other part of the alimentary canal. I say, much disordered, for the villous whiteness of the tongue does not always depend on glandular phlogosis, or on schirrus; there are individuals whose tongues are naturally white, which is no more a sign of disease than the congenital intermittent pulse in others; the medical attendant must therefore bear in mind these anomalies, before judging from the

state of the tongue: the tongue may also be coloured by masticating certain substances.

Speckled tongue.—In certain diseases, between the villousities and the mucus that cover the tongue there are specks on the surface. This speckled appearance of the tongue is owing to a sort of hypersthenic of the intestinal mucous membrane and its crypts. A speckled tongue is generally considered as a sign of worms, but this opinion is not correct. Worms are not the cause but the effect of fever; worms may remain in the human body without causing the least illness; at most, they form a slight complication in diseases where they are found; if they be driven out the disease is not cured: it often takes a bad turn, if the primitive lesion of the mucous membrane, or intestinal crypts, be not favourably modified under the influence of proper antiphlogistic treatment.

Aphthous tongue.—The tongue is sometimes covered with aphta, or white spots, or vesicles, which may turn black and become ulcerated. They often exist on the tongue, and on the coats of the cavity of the mouth. This phenomenon sometimes depends on a local cause, acting chemically, as when certain substances are chewed; such, for instance, as calomel. On other occasions it depends on an internal affection. In acute and feverish diseases of the stomach and lungs, an *aphthous* tongue is often a bad indication; it at least supposes that the internal disease will reach a high degree of intensity.

Movement of the tongue.—Whenever the patient finds a difficulty in drawing out the tongue, which remains morbidly confined in the mouth, it denotes the existence of a lesion of the nerve hypoglossis, which presides over voluntary motion. This state indicates an affection of the brain. The tongue is seen in this state in delirium, encephalites, apoplexy, or shortly previous to the development of these affections; sometimes the lesion of mobility only exists on one side of the tongue; this organ is then drawn on the opposite side to the paralysis.

The change of a gastro verminous fever, into a nervous cerebral fever, is sometimes only made apparent by the contraction and trembling of the tongue. This conversion, so little understood by the ancients, is but the propagation of the intestinal phlogosis to the meninges. When this propagation takes place, the tongue is not only dry and red, but trembling and contracted, for the reasons already given. It is easy to understand the importance of similar knowledge in the treatment of serious diseases.

Radical treatment of SPRAINS, by the use of M. LARREY'S Immoveable Apparatus.

THERE are very few practitioners who have not had an opportunity of remarking the difficulty of obtaining the radical cure of sprains; it is this persistence in the disease which maintains in the articula-

takes off the pressure from it, in the act of closing the instrument. The net, therefore, though apparently made of slight material, will rarely be found to be injured in any of its meshes, if well made, and properly secured. It may also be observed, that the weight of a stone, in fluid, is considerably diminished; so that a very slender thread will support a calculus in a dense medium like oil and water.

It will be at once seen, that a certain extent of space in the antero-posterior diameter of the bladder is required, for the safe movements of the instrument. An accurate measure of the bladder in this direction can easily be taken, by injecting the bladder, and employing the short-beaked catheter. The operation requires a certain space for the manipulation of the instrument: it will therefore sometimes happen, that the want of capacity, either from enlargement of the prostate or from a distended rectum, may altogether forbid its performance. An enlarged state of the gland, narrowing the antero-posterior diameter of the bladder, is an obstacle that cannot be well overcome; and some danger may arise by the operator persisting in the attempt, from the injury while the gland cannot fail to sustain in the opening of the blades. Want of room is sometimes owing to sufficient fluid not being injected; in which case, time must be given for the irritability of the bladder to cease, if it is not able to retain a sufficient quantity. I have, on two or three occasions, been obliged to lay aside this instrument, and use the common lithotrite; as it is more prudent to desist, than, by an undue degree of force, to incur the risk of producing irritation, or injuring the neck of the bladder. I have used the instrument in four cases: in the two first there were large fragments, the *débris* of a former operation with the common lithotrite: these were readily broken up; and the successful result induced me to employ it in two cases of small lithic calculi, with complete effect. These cases have been sufficient to convince me, that it may be generally adopted; and that the exceptions will be only occasional, from the causes which have been mentioned.

In trying to lay down rules for the performance of an operation like lithotrity, that requires and depends upon manual skill, I feel that the best advice the young practitioner can receive, is, to gain a familiar acquaintance with his instruments, by frequently operating on the subject. No rules can supply the want of practical dexterity, and this, as in other mechanical arts, is to be acquired only by continued practice. Theory will do little for the lithotritist. If he expects that a general acquaintance with its principles, and with the action of an instrument, will render him expert in the performance of the operation, he will find that he will obtain experience after repeated failures, at the expense of severe suffering and hazard to his patient. I trust that the foregoing remarks will serve to point out in what the danger of lithotrity consists. Expertness in operating can be acquired only by long experience and frequent practice.—*Guy's Hosp. Rep.*

The Influence of the Mind on the Heart, and other Organs, in Health and Disease.

By DR. HOLLAND.

THE first inquiry was, as to the influence of the respiratory organs in the circulation of blood in the chest. He had long investigated the influence of respiration on the circulation of the blood. Strong emotions greatly

I accompanied my patient a distance of twelve leagues, and left him to continue his journey, convinced that he would arrive safely, which proved the case.

A fortnight afterwards he was again in Paris, still wearing the apparatus. I took it off and replaced it: he set off for Naples, and when he arrived was cured.

One of the royal postillions had kept his bed for three months, having sprained his foot, and not had any care taken of it. Several medical men already saw a white swelling, and recommended amputation; I recommended the operation being delayed. I advised leeches, mercurial frictions, and calomel, taken internally; both pain and swelling were removed, and the immoveable apparatus completed the cure.

On BELLADONA, as a PRESERVATIVE from SCARLET FEVER.

THE first physicians in Germany have published many interesting works, shewing the preservative action of belladonna in scarlatina, and we wish to inquire why these methods, so conclusive and successful in Germany, have not been tried elsewhere, as the subject seems worthy of the special attention of the faculty.

Having latterly had an opportunity of treating several children affected with scarlatina, I wished to examine the results presented by the German doctors, and I conscientiously believe that belladonna has the properties assigned to it. Scarlatina is an eruptive disease, the transmission of which is most to be feared when it breaks out in a college, or school, as this malady is known to be contagious. I attended a little girl, who had lately been taken from school; she had scarlatina; her mother and two sisters caught it. In another family three children caught it. These facts led me to administer belladonna where contagion was to be feared, and this medicament had the desired effect.

A gentleman had just arrived in Paris, with his wife and two young children; the youngest two years old; he was paying a visit to his brother, who had three children; one eleven, the other eight, the other six years of age; the eldest was at school. The nursery-maid, a young girl of nineteen, had scarlatina, the child of two years old caught it. Belladonna was immediately administered to the whole family, none of whom caught the scarlet fever; but the eldest girl came from school to see her parents, and took the fever directly. No belladonna had been given to her. I prescribed the following doses:—

Extract of belladonna, newly prepared, three grains; to be dissolved in an ounce of cinnamon water; fifteen drops of rectified spirits of wine.

This medicine should be given to children in as many drops as they have years; but it must never go beyond fifteen for adults; and must be taken morning and evening.

By the same means I preserved two other children from scarlatina.

These facts alone would be of no value, if not corroborated by the great number of similar circumstances observed in Germany. More than five and twenty members of the medical profession have been occupied in verifying this therapeutic point, without speaking of those practitioners who have not kept an account of the number of persons they have preserved from scarlatina.

Will it be credited, that the number of children, or adults, who have been preserved from scarlatina, amounts to two thousand and twenty-seven? Of which seventy-nine alone caught the infection. It is not merely obscure and unknown practitioners, who have given their support to this prophylactic medication. Hufeland, Schenk, who, in one hundred and twenty-five persons that had taken belladonna, three only had caught scarlatina. Camper, who, in eighty-four only had two; and Berndt, who, in a hundred and ninety-five only had fourteen; Behr, who, in forty-seven had six; Murbeck, who in two hundred and forty-seven had thirteen; Dusterburg, &c. &c. &c. Hufeland strongly recommended belladonna as a preventive of scarlatina; he made use of it in his private practice; and we are assured that no person to whom he administered it, caught scarlatina.

Dr. Murbeck employed belladonna during seven years, and always with equal success; whenever there was any individual in a house, who had scarlet fever, he immediately prescribed belladonna for every person in it, and no person ever caught the disease.

As to the question in what manner does belladonna act as a preservative? he thinks it annuls the susceptibility necessary to contract scarlatina, in the same manner as vaccination does the variolic virus; with this difference however, that the extention produced by vaccination is permanent, while that by belladonna is but transitory.

Dr. Murberk made use of the following prescription:—

Extract of belladonna, from the evaporation of the fresh sap of this plant, two grains; fennel water an ounce. Five drops four times a day, to children, from one to ten years of age; and to children above ten years, and adults, from six to ten drops.

Dr. Dusterburg, of Warburg, employed belladonna with such marked success, during three successive epidemics of scarlatina, that he considers this prophylactic remedy, as efficacious as vaccination in variola. In order to be more sure of its re-

the same invention, the exhibition of which, and the inventor's happy humour, elicited loud applause.

Dr. Carlisle related two cases of malformation of the brain. One was a male in whom the skull was found to correspond with the size of the brain. section showed the mass of brain small—no deficiency in the anterior part; convolutions small, but sufficiently distant; cerebellum only $\frac{1}{4}$ of the natural size; arbor vitæ, and principal branches from it, membranous; cerebral ganglia not distinct; pons varolii small; no grey and white matter; corpora striata small; pineal gland containing clusters of follicles. Organs of generation remarkably well developed, resembling considerably the organs of lower animals; hymen wanting. He was unable to obtain any history of the case; but from the absence of the hymen, and the ill development of the generative organs, he inferred that she had had intercourse with the male, and that from her unattractive appearance she had elicited the intercourse, rather than been solicited.

CASE 2. He had ascertained the history of this case. The house pupil had ascertained that the man was a mendicant; that he was born deaf and dumb, but had sufficient intelligence to read and write. His muscular structure was well developed, and he had marks on the groin and penis of previous venereal affections. He had a well constructed brain. The cerebral membrane deficient; and all the vermiform process gone. He had been induced to bring these cases forward, to make inquiry how these could be accommodated to the theory of Dr. Spurzheim. He cited several other similar cases from other authorities besides these, where there was a deficiency of cerebellum, and at the same time strong animal passions. This class of cases had been completely overlooked by the advocates of phrenology. They did not find a large brain always accompanied with great talent, or a small one with deficiency of mental powers. The bone of the race-horse was not so large as the cart-horse's, yet it was much denser and stronger. They knew many persons of but small muscular development, who had greater strength than others who had greater muscular development. The size of the finger did not determine the power of touch. So far from size being necessary, large and small parts possessed equal powers. They were not to look at the size of the brain only as showing power, but to take into consideration the organisation of its natural parts. Tiedemann had asserted that the negro brain was perfectly equal in size and in weight to the European; but this was not the way to ascertain the quality of the brain. Up to a certain period he believed that the child of the negro was equal to the child of the white man; but if he was to be taught mathematics he broke down at once, and the white child passed him. He inferred from that fact that the brain of the negro, though equal in size, and corresponding in external relation, yet in the internal structure was deficient. And even further, amongst the brains of Europeans, a great difference in the internal structure was observable between individuals possessing a greater or less degree of intellectual power. *Communicated at the Meeting of the British Association.—Ann. Med.*

swellings. This vague appellation has finally attracted attention, and all the diseases of the articulations are now called arthrites. But we agree with M. Piorry, and prefer the name of *arthropathia*, which does not only, as the word *arthrites*, designate a state of inflammation. Even this denomination would not suffice. In an articulation, there are divers elements, consequently different diseases may exist, and each should have a separate name. All articulations are composed of soft parts, and hard parts. From thence two great classes of *arthropathia*. In each of these classes, there are varieties, which should be carefully distinguished.

Thus we must not mistake, on one hand, affections of the extra-capsular parts, with those of the membrane, ligaments, and synovial membranes; on the other hand, there is a marked difference between the diseases of the cartilage of incrustation, that of the diseases of the pre-surface of the parenchyme of the bones. We shall, therefore, have to study according to the seat in the soft parts, three varieties of articular diseases; arthropathic extra-capsular, arthropathy of the synovial membrane and intra capsular arthropathy.

In the study of the hard parts, we also find three degrees:—

Arthropathy of the *incrusted cartilage*. Arthropathy of the *surface of the bones*. Arthropathy of the *parenchyme of the bones*.

These divisions will undoubtedly facilitate the study of white swellings, and our observations on the seat of the disease are chiefly confined to the commencement of it in its elementary state; for after some time all the tissues, composing the diseased articulation, may be affected. As in talking of white swellings, it is generally supposed the knee is alluded to, this articulation will serve as an example; and to avoid repetitions, we shall only present general considerations on symptomatology and prognostic. The differential, diagnostic, and treatment will be principally studied in our examination of each variety of arthropathia.

Arthropathia of the soft parts—in this class, the first phenomenon is, a swelling, followed by stiffness or weakness in the articulation; the swelling may exist some time, without causing pain. The movements of the articulation are generally stiff. Whether slight or acute, the pain is situated out of the synovial cavity, and is rather increased by pressure on the skin than by rubbing the articular surface. The slight pain felt at the commencement of the disease is the reason patients only claim the assistance of art, when the malady is far advanced. The swelling is then more or less irregular; there is sometimes pain on pressure, but not generally.

When in bed, the patients suffer very little, and move their limb with great facility. The rotula is generally raised before the condylus, around which are protuberances; in these are sometimes fluctuations, proving that there is a collection of fluid; at other

times the fluctuation is deceptive; and it seems as if a spongy tissue were pressed between the fingers: in this case, theory is quite in accordance with facts, for if the incrustated cartilages and the bones are in a healthy state, the movements are not very stiff. The cartilages rubbing freely against each other, the pain is but slightly increased by the motion of the articulation; the prognostic is generally favourable, provided the disease be not situated in the inside of the capsula; but if so, it is then easy to understand with what facility the affection may reach the cartilages, and from thence the bones. We shall not proceed with these generalities, lest we should be compelled to enter into, minute details we reserve for the different species of arthropathy.

Arthropathies of the hard parts.—In these cases the morbid phenomena are developed in an inverse order. The patient feels, during some time, more or less pain, without any increase of the size of the articulation. This is more or less acute, more or less continued, according to the seat of the disease, whether in the parenchyme, or on the surface of the bones. In the first case, it becomes worse during the night; the movements of the articulation are very painful; but this pain is modified according to the seat of the disease. These signs alone, prove an arthropathia of the hard parts.

If a patient with arthropathia asks advice, and says that he felt pain during some time before there was swelling, and that the movements of this articulation were very painful, it is then certain that the disease commenced by the hard parts. This diagnostic is not complete, but is sufficient to shew that the prognostic is not favourable.

The observations here made are only applicable to chronic arthropathia. We have not indicated the modifications resulting from the nature of the causes that have produced the disease, and that serve to prevent the cure. Thus we have said nothing of the influence of rheumatism, syphilis, gout, scurvy, or scrofula, because these general causes must be taken into consideration in the study of arthropathias as in that of all other diseases.

We wish it to be understood, that in the word *arthropathia* are included all articular diseases, and consequently, that commonly called arthritis, whether acute or chronic, simple or composed. If we leave out rheumatism, gout, and acute simple arthritis, it is because much is to be found on these diseases in many excellent works: and that we wish to give our undivided attention to chronic arthropathia so frequently met with in this hospital, and wrongly called white swellings.

Arthropathia of the soft parts.—*Extra-capsular arthropathia.*

These are a diversity of degrees in this first species, far from being equally serious.

When the disease is seated in the sub-cutaneous layer, unless it be of a very bad nature, it is seldom more dangerous than if si-

tuated on the middle of the limb, and it is indeed scarcely classed among the articular affections, and is, properly speaking, but an acute or chronic, or simple or complex phlegmasia, but which need cause no uneasiness, unless it had a tendency to reach the inside of the articulation; this lesion has the same causes, and is developed by the same mechanism round the articulation as elsewhere. Bruises, falls, or the spontaneous efforts of the organism, may produce it. It is recognised either by pain, or by swelling, with or without heat; or by a phlegmatic or edematous swelling, or to protuberances that can be seen or felt. These phenomena are distinguished by similar symptoms, which might depend on a deeper affection, as they convey the idea of thickness of the articular folds, and not of a collection of fluids in the capsula; as pressure generally causes pain, but little increased by walking, and which continues when the patient is in bed, whether in a state of repose or not; and it seems as though the disease were seated in any other part of the body, and that the articulation was quite free.

Whether tumours, tubercles, cancerous productions, or lardaceous degenerescence, it is also towards the interior that these seem to be, as the articulation remains perfectly free. It follows that this sort of atrophy is seldom serious; indeed, it might be omitted in treating of articular diseases, if in some cases it might not be mistaken for a deep lesion, and if it were not sometimes transformed into a real arthropathia. If, for instance, instead of breaking out towards the skin, the disease propagates towards the capsula, it may become very fearful, and it is owing to this peculiarity, that we have judged it right to establish an *extra capsular arthropathia*.

It would be wrong to suppose that the diseases of the internal part of an articulation have seldom this origin; it is evident that a chronic, or even acute phlegmasia, developed between the skin and fibrous layers of an articulation may, in certain cases, extend either by degrees or suddenly, first to the cellular tissue, separating the ligaments, then to that lining the exterior of the synovial capsula, and from thence to the inside of the joint. Bad constitutions, violent movements, ill directed therapeutics, are the usual causes of this fatal transformation. Among others, the following is worthy of notice: a man, aged twenty-eight, who had been six months under medical treatment for a serious angioleucitis. Profuse and frequent blood-letting, severe regimen, did not prevent the disease terminating by thick layers of matter in the breadth of the abdominal limb; this patient was remarkably ungovernable and greedy; his abdomen was distended, and he had continual diarrhea, which had greatly reduced him. A week since, he was at a new period of his disease; after being concentrated on the leg, and towards the lower third of the thigh, the disease seemed to be fixed round the knee, which

was in a state of phlegmasia: at first, slow and indolent, then sub-acute to such a degree, as to induce suppuration. Four or five days since, the articulation suddenly became very painful, and appeared to be the seat of violent inflammation, while the virulent collection escaped. From that period the sub-cutaneous phlegmasia had reached from the exterior to the interior, even to the inside of the capsule. The patient died yesterday.

The diseased limb was examined; it was evident that the primitive seat of the evil was between the skin and the fibrous parts on the side, and between the ligaments, the tendons and the aponeurosis in the hollow of the knuckle; as in all other parts extensive separation, with a false black mucous membrane; then lardaceous folds, containing small purulent collections. At the posterior and outside part of the external condyle of the femur, inside the tendons of the biceps muscle, there is an ulcerous passage, leading directly to the articulation, which is filled with purulent matter. The bones were perfectly healthy, and there was but slight erosion on the cartilage.

This case shews all the phases of the disease; thus a firm chronic lesion, outside the capsula, the limb may be lengthened or bent without great pain; the inflammation becomes gradually deeper; there is sudden suppuration; the pain is then extremely acute, is accompanied by feverish reaction, delirium, symptoms of effusion in the articulation, and proves that the life of the patient is in danger. Death ensues, and, on a post mortem examination, it is found that the suppuration, which had long existed externally, had penetrated by degrees to the articulation, and that it could not last more than a day or two; it only produced slight alteration of the cartilaginous surfaces; and what is here seen, and considered as a complication in a person already greatly debilitated, is also found in individuals with different sorts of constitutions in the acute and chronic form.

The treatment of this first variety is similar to that of all alterations of the same sort met with in the other regions of the body, unless the constitution of the subject, or the cause of the disease shews some special indication; the therapeutic should be almost entirely directed on the affected part. If there be pain, and symptoms of irritation, ten to forty leeches may be applied, according to the age and strength of the subject, but they must be spread all over the diseased parts. A warm bath may then be taken, during an hour; soothing poultices must be put on, and renewed morning and evening, for two or three days. In some cases, the repetition of these means, at different intervals, cause, in a very short space of time, a remarkable improvement. More frequently the disease is obstinate; one of the following measures must then be employed: a bandage carefully and evenly put on, produces a

most favourable result, in a very short time. If there be no contra indication, the surgeon should have recourse to this simple method; but if there be any reason why he should not do so, there are different salves of hydriodate of potassium, ioduret of lead, or of mercury with which the diseased part may be rubbed.

These topical applications can by no means be compared, in point of efficacy, to blisters, sufficiently large to cover the limits of the *engorgement* and the tumefaction. It is well understood that, according to the indications, one of these remedies will be more or less insisted on; they may be sometimes tried alternately.

In this species of arthropathia, sulfureous and alkaline shower baths would be indicated, if the disease were of long standing, as if to terminate the cure after the means indicated above.

Capsular arthropathia.—If it be true that owing to the seat of the disease, the species abovementioned scarcely merits the title of arthropathia; it is not the case with the one about to occupy us. It is to chronic affections of the fibro-synovial tissues, that since Wiseman, Raynar, and most of the surgeons of the latter century, that the name of white swellings have been applied. This species has different shades as to where it commences; sometimes it is by the interior of the fibrous cellular of the capsule that the morbid state commences; at other times, it is really by the internal face of the articular serous cavity. Reasoning shows, and observation proves that arthropathia has some difference in its symptoms, and in its progress. Capsular arthropathia has two distinct causes; it is developed sometimes under the influence of external violence; sometimes through a general disposition of the economy.

External violence.—Whenever, owing to a false step, an inflexion, or extreme tension, a fall, or a blow, the state of the articulation becomes morbid, it is, very improperly, called sprain. This word is fully as vague as that of *white swellings*; in as much as the disease may be constituted sometimes by mere dragging, without rupture of the tissues; sometimes by some of the cellular folds, or vessels being injured, or from an effusion, more or less considerable, either in the inside or outside of the joint, or from a more or less extensive lesion of the synovial capsula or ligaments; which lesions are far from being of an equally serious nature. But it is not less true, that sprains generally bear on the cellular and fibro-synovial tissue, rather than on the osseous tissue, or the cartilages. It follows, therefore, that *white swellings*, commencing by the synovial membrane, may easily be the result of a sprain, not properly treated, the effects of which have not been completely removed. A number of patients attribute their disease to a false step, or a fall with the leg turned the wrong way, or to some unequal or sprained movement of the joint.

In this case, the disease takes the following course. If the pathologic action commences rather at the external part of the capsula than at the internal, and pain, more or less acute, is felt in some parts of the articulation, but seldom all round it. Soon afterwards, there is unequal swelling, stiffness in the movements rather than weakness in the limb. This pain is not dumb, nor extreme; it is not increased by friction on the articular surfaces, but slightly by pressure on the skin. Later on, these first symptoms are followed by effusion in the capsula; but even in this degree, it seems that the effusion does not equally occupy all the articular cavity. There are protuberances; the sub-cutaneous tissue softens and thickens; the pain sometimes decreases; the movements are easy, but the articulation is weak; and for a considerable time, some spots are more tender than others. It is easily understood that this must be the case, as the affection having evidently as primary cause, the consecutive rupture and irritation of some of the fibro-cellular vessels, is much circumscribed, or as if disseminated in various parts, and not completely diffused as in the other degrees we are about to examine.

If, through external violence, the interior of the capsula is most irritated, the first phenomenon is an articular effusion. This effusion may be formed of blood, or by serosity, as in hydarthrose, or by a mixture of the two fluids; sometimes, in particular, part of the capsule is more affected than the other. The patient then feels no more pain in walking than when in a state of repose; no more on pressure of the articular surfaces than on that of external surfaces acting on the skin. Then all the envelop of the articulation may preserve its thickness, and normal characters, as the different folds of which it is composed are not generally the seat of any infiltration or pathologic action; they are merely raised or distended in a body, by the collection of fluid in the capsula. In a word, there are three symptoms of hydarthrose, with the physical characters of articular effusion, sometimes accompanied by a variable degree of thickness of the capsula.

Internal or general causes.—In stating that nearly all white swellings in adults depend on a rheumatic affection, Boyer, with several other pathologists, gave an erroneous opinion; but we hasten to say this opinion is only erroneous on account of its being so general; for it is certain these diseases often commence either by acute or chronic rheumatism. External violence, as an occasional cause, is not then indispensable; the patients sometimes attribute their illness to sudden cold in the affected region, or to sudden change of temperature; but they are mostly unable to assign any cause for it. The disease commences by great pain, or by swelling, which very shortly in-

vades the whole circumference of the articulation. Pain is increased by pressure acting on the soft parts, and not by friction on the articular surface. This pain generally takes up a large surface. The swelling appears to be seated in the thickness of the tissues surrounding the joint, and seems to form a soft, elastic lump, with or without change of colour in the skin, and extends either above or below the joint. Sometimes there is real effusion in the capsula. The cellular tissue, the ligaments, the fibrous capsula, the tendons, and their synovial membrane, appear to be all affected; and the patient is unable to move the limb. If the wrist be affected the hand falls; if the tibio tarsal articulation, the foot, when not supported, falls as a lifeless mass.

This variety of arthropathia is often met with in females just confined, and in individuals, whose constitutions are altered by any other lesion. It is remarkable that after an accouchement, this articular effusion is more frequent than in rheumatic affections, and passes more easily to a state of suppuration.

When owing to one or other of these causes, the disease has long existed in the articulation, it brings on alterations which can no longer be treated separately, yet each retain a particular tendency. Thus, after sprains which have not at first acted on the external part of the capsula, the patient may remain six months or a year, and even longer, without reaching the fungous state, to which we shall shortly allude. It is then that engorgement without being seated inside the joint, seems to form part of the capsula, or of the bones. When, on the contrary, arthropathia is first concentrated inside the capsula, within a year or six months, there are generally indolent protuberances, soft, fungous; sometimes separated from hard parts by liquid, or at other times in immediate contact with the osteo cartilaginous surfaces. If the *engorgement* be due to internal causes, either rheumatismal or of any other nature, the soft parts rather acquire a state of lardaceous degeneracy, phlegmasia with edema, instead of the fungous aspect. In this case also, the disease is propagated generally more speedily, and more constantly and frequently to the cartilages and bones, than in the preceding case.

There is another order of causes of capsular arthropathia, which must not remain unnoticed; we mean blenorrhagia, and affections of the urethra in general. It is clearly proved by a number of cases, that those persons affected with blenorrhagia, are more than others subject to articular affections; generally the disease commences by a rather painful swelling; at other times the swelling is indolent, and there is more or less effusion of synovia inside the articulation. There are then all the symptoms of hydar

throse, and subinflammation of the tissues covering the joint. In these cases, as in those of women just confined, and in rheumatic affections, arthropathia comes on suddenly, and without any known cause. As when therapeutic is not in the first instance triumphant, the disease, in time, brings on the same lesions as when due to the causes before indicated; all we have said of the interior of the capsula is applicable to the inter articular ligaments, to the fibro-cartilaginous tissues, the synovial folds, to the lumps formerly called glands, which surround the tops of the joints.

It is easily understood, that whether by the propagation of the disease, from the external to the internal tissues, whether from an anormal movement, contortion, or some external violence, it is easily understood, that one or several parts I have indicated may be rubbed, or broken, or irritated, so as necessarily to become the seat of an alteration more or less serious. It is also easy to conceive that the general causes, of which I have just spoken, may act on these two tissues, as on what are commonly called articular envelopes. In this case, there are symptoms which must not be forgotten. Thus the patient will feel dumb pains during repose, sharp and acute, in certain movements. The limb will seem weak, and the articulation become the seat of a certain degree of effusion. Taking the femoro-tibial articulation for example; if one of the cross ligaments be injured, the injury though circumscribed, may cause violent pains in certain movements of the leg, while other movements will scarcely cause any pain; it will be the same if any fatty or synovial fold slides between the cartilages, so as to be pressed.

Fungus articularis.—All shades of this disease often lead to a common result. We allude to the degenerescence described as *fungus articulorum*, by Rayner, at the commencement of the eighteenth century. This species of alteration, which has served as a type to all descriptions of white swellings, offers the most marked characters of it. When the disease is of long standing, and has begun by the soft parts, and consists in an alteration of the tissues weighing on the synovial tunic, or the edges, the folds, or on the synovial nodes, or on the ligaments, the inter articular fibro-cartilages, or all the elements at once; besides, in certain cases, the folds and fibrous tissues, which line the inside. The tissues acquire different degrees of thickness, sometimes an inch; and inside the articulation there are masses of red, with a yellow tint; sometimes livid, at other times grey.

These productions extend sometimes in folds under the articular surfaces; while in other cases, and these are most common, they are more active externally. It is a soft gelatinous tissue, easily crushed with the fingers, having, as to con-

sistence, something analogous to the mucous polypus of the nostrils; or the fungous vegetations often developed on the surface of the solutions of continuity in general. This fungous tissue rests sometimes in firm lumps, forming bases, and which adhere by the most solid parts to the envelopes of the articulation. It is easy to recognize this state; instead of excavations there are protuberances more or less evident, as well as the osseous projections. The colour and thickness of the skin undergo no apparent change; pain is null, or slight. The patient can use his limb, and placing the hand on it, there is a species of uncertain fluctuation felt, which might, in the first instance, deceive, and be mistaken for real effusion, in the joint; but it is soon ascertained that there are soft fungous lumps, which yield, but are not removed as liquid on pressure. This state, however, is sometimes accompanied by real effusion, requiring attention on the part of the observer. When there is liquid effusion, without fungosities, it is evident that the articular envelopes are rather thin than thick, the fluctuation cannot then be mistaken; while in pressing, in a certain manner, on the real fungosity, it is nearly impossible not to remark the distance separating the skin from the osseous surfaces.

An important character in this species of lesion is pressure; the movements, the explorations, of all sorts, scarcely give any pain to the patient. In fact, it is a species of alteration, of which the consistence, the shape and aspect offer some analogy with the encephaloid degenerescence, but differing essentially in its nature.

In a certain number of cases, and in the femoro-tibial articulation particularly, in making the soft parts slide on the hard parts of elastic bodies of different shapes, these bodies are nothing but the synovial hard folds degenerated, and have often been mistaken for portions of mobile cartilage, for bodies free from the articulation. The fungous arthropathias, which follow the lesion of the hard parts, always indicate an advanced state of the disease. Many very clever practitioners have said the prognostic must be very serious, and that amputation is the only remedy to be proposed.

This opinion has been given by Sir. Benjamin Brodie, in his work on Diseases of the Joints. In this opinion, as in all scientific propositions, there is truth and error. It is true that *fungous* or *gelatinous* degenerescence of the articulation, without complication of the bones, is often cured under the influence of well directed treatment. But as this degenerescence is often the consequence or cause of lesion of the bones, it is of a very serious nature, and constitutes one of the varieties of *white swellings*, necessitating amputation. It is through this confusion, that the prognostic of the articular fungus has been

so often mistaken. In order not to fall into error for the future, it will be necessary to distinguish the simple fungus from the fungus complicated with diseases of the hard parts. This degenerescence, even without alteration of the bones, may result from the simple external violence, rheumatic, or blennorrhagic affections, or general alteration of the fluids.

(to be continued.)

PULMONARY SPLENIZATION.

M. BRICHETEAU, *Hospital Necker*.

IN examining the different lesions of organs which are connected, or mutually influenced by obstacles arising to prevent the principal action of the viscera of the animal economy, we have given attention to the diseased state of the lungs, called pulmonary splenization. As this lung, which is the seat of an acute inflammation, it disorganized, resembles the liver, this disorganization is called hepatization. The same as when pulmonary parenchyme is penetrated by a great quantity of effused blood out of the vessels, which owing to local weakness remains, or is retained by obstacles, there arises a modification of thickness, giving to this parenchyme the aspect of the spleen; hence the name of splenization, given to this sort of pulmonary *engouement*.

When patients affected with chronic diseases of the heart, or other maladies which prevent pulmonary circulation, are ausculted, the results of auscultation are negative. Though there be no effusion in the pleura, nor tubercles, nor hepatization in the lungs, the murmur of respiration is scarcely heard: it seems as though the pulmonary parenchyme were altered so as not to admit the air. Yet percussion indicates but little alteration in the sound of the thorax; there is not generally rale, excepting sub-crepitant rale. The chest is dilated, there is no sign of pneumonia; consequently, we must not give to this alteration the name of hypostatic pneumonia.

Hematosiis is not well performed, and nutrition is influenced by it; the patient becomes thin, weak; the difficulty of breathing increases; asphyxia comes on; so that the death of many patients affected with diseases of the heart is caused by the lung, although the central organ of circulation has been the origin of the morbid state.

It is not only in diseases of the heart that splenization of the lung is observed; it is often produced by the deformities of the spinal column, which shrink the cavities of the chest and cause compressions, which being obstacles to circulation and respiration, bring on a sanguine stasis in the parenchyme of the lung, and consequently a sort of combination between the blood and the parts

moistened by it. It follows from this species of spongy tissue, brittle and imbibed with sanguineous and mucous sap very similar to that of the spleen.

Pulmonary emphysema has often been mistaken for the alteration to which we now give our attention, but the shape and sound of the thorax, the complete absence of the respiratory murmur, the symptoms appertaining to the first of these affections will suffice to distinguish it from the second.

The splenization of the lungs has been considered by Laennec as a species of pulmonary apoplexy, and described as under the name of *engorgement hémoptoïque*. M. Meriadec Laennec, his editor, considers it as a slow hemorrhage, of which he also forms a third species of pulmonary apoplexy. To us these comparisons appear defective. It is impossible to compare an alteration of texture, which comes on as slowly as that of splenization, with an hemorrhage, which is done instantly and consists in an effusion of blood out of the veins of circulation; neither can we mistake splenization with pulmonary *engouement* accompanying catarrh, and often resulting from the long decubitus, to which weak individuals advanced in age, who die of long illness, are subject.

Pulmonary edema is another affection very different from the one that now occupies us. The edema is a dropsy or effusion of serosity, while splenization is a sanguine effusion, causing a sort of organic transformation by the combination of blood with the pulmonary parenchyme and a sort of chemical combination, from which results a soft, spongy, though very heavy tissue, often found in the swelling of the spleen, which when opened discharges a red pultaceous matter.

It is easy to distinguish splenization of the lung from the sanguine cadaverous engorgement of the same organ. In short, the cadaverous engorgement is always damp and formed by blood mixed with spurious serosity, which flows profusely under the scalpel. Subject to the laws of weight, it is more considerable in the lower part of the lung, and gradually diminishes from bottom to top. There still remains crepitation in the most effused parts.

By washing, and pressing the most effused parts, all the blood is removed, and the pulmonary tissue reduced to the state of a lung confined by pleuritic effusion, &c. &c.

If, on the contrary, an incision be made in a splenified lung, a thick tissue is found, with rough surface, furnishing little blood, or bloody mucosities. Washing and pressure united, remove a part of the black colour of this organic transformation, but do not diminish its consistence.

This state of the lung is but symptomatic in chronic diseases of the heart; but what is most important is, that from being accessory towards the end of the disease, it may become a principal, and causes death before the time of the organic affections of the heart.

ANALYSIS OF BOOKS,

An Essay on ARTIFICIAL TEETH, Obturators, and Palates.

With the Principles for their construction and application. With plates, by LEONARD KOECKER, Surgeon Dentist, member of numerous Societies, &c.

SUFFICIENT attention has not been given by learned men to the part of Surgical Science which belongs to the teeth and diseases of the whole mouth—yet these sufferings are, generally so excruciating, that it is desirable to see able men devoting their time to this speciality. The book we have before us seems to be written with the view of being useful, and of calling the attention of every reader, to the abuses still existing.—The Author has divided his subject into ten Chapters—he treats first, of the use and abuse of Artificial teeth; of the difficulties accompanying the judicious insertion of Artificial teeth:—the third Chapter is consecrated to the Surgical and Mechanical principles for the application of Artificial teeth—he treats of the indications and counter indications—of the materials for the construction and preparation of Artificial teeth—the fourth Chapter contains the principles for the preparation and insertions of single Artificial teeth:—Chapter fifth is on the preparation and insertion of small sets of two or more Artificial teeth:—Chapter sixth, seventh and eighth, on the insertion of sets of Artificial teeth embracing a considerable part, or the whole of the upper and under jaw;—the tenth Chapter contains the indications for the Artificial Obturators and Palates.—We cannot do better to make known the book we have to notice, than to introduce it to the reader; and we take by chance the part of the ninth Chapter on the pivoted teeth,—or the ingrafting of Artificial teeth upon the roots or fangs of the natural teeth. We may say before we conclude, that the work is essentially practical and gives credit to the talent and ability of the author.

THIS mode of inserting artificial teeth has been adopted and sanctioned by custom from time immemorial; and although, at a superficial view, it might, from the great simplicity and the natural appearance it produces, be considered a very excellent process for restoring lost teeth by art, it will be found on deliberate and judicious consideration to be by no means well founded on good pathological and surgical principles, and, on this account, I have deemed it proper to devote a separate chapter to its special consideration.

In referring to that kind of works on Dental Surgery, which have been written more for the interest of the authors than for the benefit of the public or the promotion of science, and even to all others which treat on the mechanical part of Dental Surgery, which I have had an opportunity to

peruse, none of the authors offer any objection to this kind of artificial teeth, but, on the contrary, they all consider it either a useful or desirable, or even an excellent mechanical means of restoring lost teeth.

Mr. Fox, in his "Natural History and Diseases of the Human Teeth," Part II., p. 139, inferring to a tooth inserted in this manner, says, "It may continue for many years without occasioning any trouble or requiring any repair. In this mode, several teeth belonging to the same person may be replaced, which cannot be discerned upon the most minute inspection" And the view of this celebrated Dental Surgeon may be considered the opinion generally entertained, not only by practical Dentists, but also by the public at large.

For my part, however, I cannot help differing from the extravagant opinion of this operation so long and so universally received, as I consider this method of inserting artificial teeth as one which requires great caution, and is frequently highly objectionable, from its being always attended with more or less irritation, which is sometimes of a dangerous and even fatal nature; I will not, however, deny that it has frequently met with considerable success, and has not been followed by much inconvenience, but that such artificial teeth have, as Fox states, been used for many years without requiring much repair.

I have, in my own practice, applied these teeth, and, by proper caution, with a favourable result, so that I have found them in a good condition even after a period of many years.

Artificial teeth of this kind are generally used after the crowns of teeth have been so destroyed by caries as to leave little more than the roots in the sockets, and are mechanically inserted in the following manner.

All the irregular and carious remains of the crown of the tooth are filed away close to the gum; the natural cavity or canal of the fang is then prepared to receive the pivot by passing a small drill into the cavity, and drilling it into a round hole.

The crown of a human or mineral tooth, resembling the one lost, is then made to fit to the fang; a pivot, somewhat shorter than the cavity in the root, is introduced into it, and the artificial tooth inserted by means of the pivot upon the root, where it is then properly fastened.

Having given a concise description of the mechanical process of the operation, it remains for me to place before the reader its very important consideration in a pathological and surgical view, and to point out its effects upon the parts involved in the operation as well as upon the constitution. First, with respect to the dead roots, I have extensively treated on their morbid effects in my "Principles of Dental Surgery," p. 254, to which I beg to refer the reader for the consideration of that subject, and I shall here only remark that, by the insertion of artificial teeth in this manner, all the morbid effects of such roots must naturally be augmented and aggravated.

Again, for the insertion of pivoted teeth, one or more roots, or fangs, after having lost their vitality, in consequence of disease or the application of artificial means, are preserved in a dead state with a view to make a mechanical use of them. By the preparation of the fang and by the attachment of the artificial tooth, every morbid irritation of the dead fang upon the living surrounding parts is excited and rendered generally more extensive and more permanent than if they are left alone to the influence of nature.

Moreover, by the insertion of the pivot into the canal of the root, the natural curative process, in the decomposition and absorption of the fang, is either prevented or retarded; while, on the other hand, the most convenient outlet for a constant and regular discharge of the matter, which is always produced by the carious root in the surrounding soft parts, is obstructed; the matter, thus confined by this artificial obstruction at the point of the root, penetrates through the sockets and gums, and forms gumboils, or small fistulous abscesses, in the neighbourhood of the root. This inflammation of the gums and caries of the sockets much more frequently occurs after this treatment, than when these structures are left under the exclusive influence of disease.

In many instances, and more especially where only one or two teeth have been inserted in this manner, the morbid symptoms remain in a chronic state for many years, and the patient experiences apparently very little or no inconvenience; in others, even after the insertion of a single tooth, the symptoms become more acute, and extensive and painful swellings of the face and jaws are produced, sometimes accompanied by great disturbance of the constitution.

Where a greater number of teeth are inserted with pivots, the symptoms are generally immediately aggravated, the gums become spongy and painful, and the sockets morbidly softened, the periosteum thickened and relaxed, the jaws are affected with chronic pains, so that the whole mouth becomes more or less affected, and these local affections are followed by a train of general symptoms of various descriptions, especially in weak and irritable constitutions; and it is impossible to say to what extent the mischief may proceed if the fangs are not removed, which, although it almost invariably produces a perfect cure of the local diseases, is too often delayed till the patient has experienced all the evil effects above stated.

Hygiène Morale, ou application de la Physiologie à la Morale et à l'Education. Par CASIMIR BROUSSAIS.

HYGIENA, or Hygiology has long been considered as the science of the influence of material agents, on human economy, it is confined to animal life and divides man in two parts, instead of considering him in the full splendor of his organization. General considerations on constitutions, on the influence of Physical agents on the human body, were the sole grounds on which this science was founded. One of its best privileges—to guide the education of man, was completely forgotten, for in Education also, children were considered abstractly as intelligent beings, but to their corporal organization no attention was given.

M. Casimir Broussais has sought to fill this vacuum in the science of man by shewing the intimate connexion between his physical and moral state.

In Hygiæna, says Dr. Broussais, the organization and its modifiers, should always be considered, they must not be studied separately, nor abstractedly in their connexion. The subject Dr.

Casimir Broussais treats is one of the organs of man, or rather as he says an organic apparatus, *the brain*.

It is not, says he, spiritualism, nor materialism, but physiologism which ought to unite them.

"Man," says, M. Broussais, "presents a complete and regular organization; when in health he receives one or many impressions, he feels such or such wants, and tries by the development of one faculty or another to gratify it; in a word, he has full reactive powers. Between impression and reaction, physiologism; to explain the last interposes not spiritualism nor matter, but places the observation of the organization.

With the life of man commence his first wants, he must breathe, eat, and therefore act; he is compelled often to fight and destroy to obtain his end. He likes his equal, loves his parents and friends, —later on, the opposite sex, and is attached to his native land. He early tries to be acquainted with the surrounding objects which continually influence him, and to the acquisition of this knowledge he applies his five senses and all his perceptive qualities; from those that teach him the form, length, and weight, to those which distinguish colors and localities, number, order, different epochs, or which serve to discern individualities, and recal past events; he learns to construct, communicates with others by speech and signs; when tired of external life he reflects, feels his will, his strength, his intrinsic value, consults the opinion of others, and his own conscience, and is enthusiastic for the sublime and beautiful. He reflects on these different feelings and impressions, compares them, and from effects reaches causes. Such is man, and his wants should be respected.

Who can say that man has been endowed with a single useless want, or a single immoral faculty? In considering the wants of man we shall shew that they have been given to him for his benefit, and the regulation of them has been left to his own will. If man has a certain number of wants, he must know their end, and endeavour to attain it; without deviating, or going beyond them, he will have obeyed the dictates of nature. He will have been moral, for man is moral, when his life is only the accomplishment of the law of his nature, of his harmonious organization."

We shall not enter into any controversy with the author; we are merely historians, quoting his opinions without comment.

The Physiological sight of human activity is conducive to tolerance, self reform and wisdom. After these preliminary observations we shall give a sketch of the work.

Moral was according to our author formerly derived from revelation, reason, or egotism: he makes it spring from organization. Man is not always the same; he is sometimes moral, sometimes immoral; he must satisfy his wants; no single want should dominate over other wants, much less annihilate them. Some wants have the privilege of directing others, hence, the moral law, which is a phy-

siological law. Man ought not to be studied abstractedly, but living necessarily with his modifiers. We are not acquainted with all our wants; phrenology has made known to us a great number; our wants are divided in instructive wants, moral and intellectual wants. Then follows the development of the phrenological system, according to each of these divisions.

In our opinion, this book is but the seed for a more extensive production, it contains new ideas, new views, and is principally intended for those who may feel an interest in the science of Gall, which may not only be considered a great improvement in medical science, but also in psychology.

On the Venereal Diseases of the E Y E.

By WILLIAM LAWRENCE, Esq. F.R.S.

WERE it possible, it would be well before a book on Medicine or Surgery were opened, to inquire whether the author has been enabled by his experience, and situation in life to treat his subject properly. This question is useless when we have so celebrated a name as that of Lawrence before us; this gentleman has passed through all the grades of medical hierarchy, and all the situations in which knowledge and reason are reciprocally brought into action. For a long time surgeon to the ophthalmic dispensary, founded by Saunders, M. Lawrence gave lectures on diseases of the Eyes which have since been translated into french, and have been fully appreciated on the continent. After being appointed Surgeon to St. Bartholomew's Hospital, Mr. Lawrence had frequent opportunities of investigating the subject of ophthalmia, and of collecting materials for the excellent work he has given to the public. M. Lawrence divides the venereal diseases of the Eye into primitive, and constitutional. The author first treats of purulent gonorrhœal ophthalmia. He justly observes that the Venereal diseases of the eye have been mentioned by many writers, but for the most part in such general terms as to convey no clear information respecting the circumstances under which they arise, their characteristic appearances, their progress, effects, or treatment.

M. Lawrence already a clever oculist, continued his investigations on the diseases of the eye, at St. Bartholomew's Hospital, and one or two wards of men and women affected with the Venereal disease, soon furnished him with cases and materials for the book we are about to analyse. This work is not rendered useless, by the subsequent publication of his treatise on ophthalmic disease. It was necessary to complete the excellent treatises of Hunter, Pearson, Astruc, and Lagneau, and to shew what was wanting in these works as to Venereal diseases of the eyes. Since the treatise of

Schmidt on iritis, and works of Beer on the same subject, and referring to those of Astruc and St. Yves, and the collection of chirurgical works of Haller, in which the syphilitic affection of the eyes have been mentioned in an imperfect manner, many authors have since written on the subject, but these facts are no where better related than in M. Lawrence's work.

The author divides venereal diseases of the Eye in two parts, primitive or constitutional, or already dependent on general infection.

The author first treats of purulent acute gonorrhœal ophthalmia, which he divides in two degrees, the one intense, the other mild. We shall not here give the excellent description of the invasion of the prodromes of the disease; we shall not describe the enormous swelling of the eye-lids, nor of the formation of the enormous quantity of pus under the conjunctiva, these facts are known or should be sought in the work; we may be permitted to say, we differ from him as to the cause which so speedily brings on *ramollissement*, ulceration with destruction of the cornea, or at least staphyloma, with or without rupture of the iris. Mr. Lawrence thinks the cornea being inflamed *ramolli*; we think this *ramollissement* is caused by a species of maceration in the purulent ichor which moistens the eye, or by an absorption, and a species of dilatation; this doctrine is not immaterial, for it indicates what experience has confirmed, that if the eye-lids can be opened, the pus be washed and cleansed away, and the purulence and *ramollissement* are stopped before the ulceration of the cornea, the sight is saved.

Mr. Lawrence then describes a milder form, in which the purulence is less formidable, and the loss of the eye less imminent, although there is a secretion of mucus, and ulcerations of the cornea which comes off by folds, here then is real *corneitis* or *keratitis*; sometimes a deposit of pus, or false hypopion, *keratocelis* complicated or not of hernia of the iris. As to diagnostic Mr. Lawrence admits that *a priori* we cannot distinguish from symptoms, whether the case we have before us is a purulent gonorrhœal affection, or a common purulent catarrhal ophthalmia, edema, or epidemic, sporadic or contagious, we can only conquer difficulties, by inductions and concomitant circumstances, and even then we might be as far from truth, as when infection is caught by one individual of another, merely by making use of the same utensils, for instance drinking out of the same glass, then again using the same towels or sponges soiled by contaminated pus, but the solution of this case is not very important, as in both cases the treatment is the same, however the rapidity of the invasion; the fact of one eye being affected, such are the inductions which induce a belief that the phlephtorréa is gonorrhœal.

The question as to whether the infection be direct; whether it can be conveyed by the individual himself, or only from individual to individual; if it can be caused by metastasis, or by suppression of the urethral gonorrhœa, have been disputed; denied by some, affirmed by others.

Mr. Lawrence thinks, and we are of his opinion, that all cases of infection are possible, and that the direct infection of the urethral or vaginal pus on the eyes, or the infection of one individual to another, as for instance, when the newly-born babe passes through an infected vagina; in fine, in metastasis, all these cases are possible.

A young man, aged twenty-two, affected with gonorrhœa, found the discharge suddenly suppressed, from travelling outside a coach, in cold damp weather; he was seized with purulent ophthalmia, so acute, that he nearly lost his sight, and was only relieved by deep albugos, and adherences of the iris.

Mr. Sanson does not admit metastasis, *ab-uretra ad oculum*; but then why not deny metastasis, *ab uretra ad juncturas*; and what is more certain than the conveyance of an urethritis on an articular synovial. Mr. Lawrence, besides Scarpa, Beer, Ritcher, establishes, in an incontestable manner, the possibility of this metastasis; such also was M. Dupuytren's opinion.

At the period Mr. Lawrence wrote this work, he seemed only to have confidence in antiphlogistic treatment; he considered profuse general and local bleeding as useful; which is also the opinion of many practitioners. Thus the continued application of leeches; that is to say, two by two during twenty-four or thirty-six hours, so that the discharge may be continual, has been put in practice in the hospital service, on the continent. Yet, we dare not bleed so as to bring on anemia, as advised by M.M. Wardrop and Lawrence; we think it would suffice to reduce the swelling of the eyelids, and take away blood, the materials of which are converted into pus, and to arrest the morbid secretion by the use of astringent styptics of all sorts.

When Mr. Lawrence published his work, he had not then tried the use of metallic salts on the ocular mucous membrane, though having confidence in the antiphlogistic treatment carried to such an extreme; he does not deny the good effects that may have resulted from the use of astringents, and in urgent cases, he would not be averse to its employment. From our experience, we should say that in this treatment general and local bleeding, are the adjuvants, while the use of a caustic substance to stop the production of pus is the best remedy. The difficulty consists in its application; we must then make a sort of forced injection, by means of an ivory or pewter tube, to penetrate between the eyelids; and use frequently in the day time plain salt water, in the absence of nitrate of silver, for the patient must not be left a single instant till the eyelids are no longer swelled, and the pus stopped.

We shall not further continue this analysis, but refer the reader to the work, which is the most practical we know, and fully worthy of the high reputation of its author.

SELECTIONS FROM ENGLISH JOURNALS.

On the Diagnosis of Organic Diseases of the Uterus.

By DR. ASHWELL.

I AM induced, by the frequency and importance of these diseases, to offer some remarks on their diagnosis. And I claim indulgence for such an attempt, not only because the distinction itself is, in many instances, difficult, but because this paper does not assume any higher character than an endeavour to render more easy the study of so complicated a portion of pathology. If proof of this difficulty were needed, I might point to the perplexities of the diagnosis where organic diseases of the uterus co-exist with pregnancy; and where embarrassing as is the distinction, the safety of the patient mainly depends on its accuracy. I know, practically, that it is sometimes almost impossible, with every aid, to arrive at certainty respecting diseases of the womb; but I also know, that they are often overlooked or misunderstood, from the want of a sufficiently early and careful investigation. Nor is this delay to be altogether ascribed to the physician or surgeon: there is, amongst delicate females, a natural repugnance to the early and necessary examination; and the concealed situation of the uterus, within the pelvic cavity, renders the task, however ably performed, by no means a simple one. I hope, notwithstanding these difficulties, to point out the methods by which the student and inexperienced practitioner may advantageously inquire into the nature and precise seat of these dangerous maladies.

It is scarcely necessary to remark, that to do so successfully, they must, as preliminary, understand the healthy condition and the healthy varieties of the female generative organs. It will be in vain that they attempt to appreciate morbid deviations, if this previous knowledge be not possessed. The reader must therefore, in some sections of this Essay, excuse descriptions of the anatomy of the parts, and of the normal varieties of structure occasionally met with: nor must he expect much that is new;—my aim being classification, not discovery.

There are several methods of inquiry; but they are not all equally efficient. From two sources, important facts may always be obtained; and from two instrumental methods of examination, and from the discharges, auxiliary and confirmatory knowledge may often be elicited.

THE HISTORY OF THE SYMPTOMS, AND
THE EXAMINATION BY TOUCH,

afford, in every instance of organic uterine disease, certain and indispensable information: whilst

THE SPECULUM,
THE STETHOSCOPE, AND
THE DISCHARGES,

will often assist, and may occasionally lead to an incontrovertible opinion.

THE HISTORY OF THE SYMPTOMS.

It is hardly requisite, in a practical communication, to enter minutely into all the particulars of a suspected case of organic disease: and yet, without the facts with which the previous history alone can furnish us we shall often remain ignorant of the morbid actions of the general system. I forbear more than an allusion to the influence of temperament, or diathesis.* A strumous habit is frequently associated with organic glandular disease; while a high standard of mind, and exquisite nervous sensibility, apart from struma, are more commonly connected with hysteria, and the perplexing varieties of irritation, than with structural change. None of us can forget how often, where pain has indicated inflammation, the remedy which procured relief clearly proved that irritation was its cause. Nothing can excuse a disregard of symptoms, supposed to depend on organic change. Each case must be a distinct object of inquiry; and every symptom deserves to be pathologically traced to its true origin. I may illustrate the necessity of such a procedure, by a case which has often occurred to me. A patient complains of difficulty and shortness of breathing, pain in the hypogastric region, and general abdominal enlargement. If she has attained fifty years of age, if there be a tolerably distinct increase of bulk in the site of the uterus, and if there be obstructed action of the large intestine and urinary bladder, a hasty and imperfect inquiry might determine that uterine, or other tumour of a structural kind, was the cause of these sufferings. An unfavourable prognosis would probably be pronounced, and a merely palliative treatment would be adopted. Let the history of these symptoms be carefully inquired into, and it is far from improbable that the indications, throughout the whole course of the case, may not have pointed to organic change. There may have been constant indigestion, torpor of bowels, and general inactivity of system. The result is seen in acute and spasmodic pain; in frequent flatulent distention of the bowels; in a hard enlargement of the lower belly; and in a general and unhealthy deposition of adipose matter over the whole of the abdomen;—still, without structural disease.

But it is necessary to be more precise;—and I shall direct attention, first of all, to some important facts, illustrative of the *kind of pain*, its *period of attack*, and *its duration*, as elicited from the history of these organic maladies. In these diseases of the uterus, it is impossible, as in those of many other viscera, to recognise particular affections by characteristic pains. The uterus is but sparingly supplied with nerves of sensation; its greatest nervous influence being derived from the sympathetic, the nerve of organic life, through the medium of the hypogastric plexus;—a distribution practically illustrated by the indications of organic disease. Thus, it not unfrequently happens, that the little acute suffering attendant on the earlier and even more-advanced stages of these structural changes creates a false and pernicious security, leading the patient to postpone the

* It is perhaps worthy of notice, that in thirty-three cases of Carcinoma Uteri, occurring amongst my out-patients at Guy's, twenty-three of the women were of dark complexion.

necessary examination; and not to seek advice till the bulk of the growth is producing mechanical inconveniences, so serious and confirmed, as to preclude the possibility of more than partial and temporary relief. Contrast what has now been stated, with what occurs in functional affections of this organ; and the assistance to a correct distinction is still greater; here the pain is immediate and severe, and the implication, through the medium of the sympathetic nerve, of the other abdominal viscera, and oftentimes of the brain, occasions so much suffering as to demand prompt and efficient treatment. Thus in chronic structural disease there is generally little acute, early, or continued pain; while in functional disorders, such as irritation, and in inflammation, these are invariable conditions.

The pains dependent on increased bulk and displacement of the uterus are common to many and diversified affections of the viscus. Supposing the uterus to have attained equal size, the painful indications will be nearly the same, whether the increased volume is produced by chronic vascular congestion, by hard fibrous or even calcareous tumours, by polypi, or by accumulations of fluid or air within its cavity. The suffering here is the consequence of mechanical pressure, and encroachment on neighbouring parts: and in all these cases, the patient will complain of dragging pain in the loins, extending occasionally to the anus and perineum; of weight and fulness in the hypogastrium, with constipation of the bowels, if the uterus press on the rectum; or of difficult micturition, if it incline forwards and rest on the urethra or neck of the bladder. Again, should the uterus become largely distended at its sides, it may press on the obturator nerve; such pressure being indicated by screwing pains at the hips or inside of the thighs, or in any part of the course of the adductor muscles. A further increase of bulk may involve the sciatic; or, if above the pelvic brim, the anterior crural nerve;—points easily ascertained by the pain being referred to the course of these nerves. But pains of a like kind are common in some of the displacements of the uterus, especially in prolapsus and procidentia. Nor are the sufferings occasionally attendant on the growth of the gravid womb very dissimilar. The distinction is not, however difficult: the recumbent posture favours the return of a prolapsed, procident, or ante-verted uterus, and consequently suspends the pain; while the permanency of the morbid distentions and growths allows of scarcely any relief to the mechanical pressure, which, although slightly modified by an alteration of posture, is not removed. A variety of indications will ensure a correct opinion, in most cases of pregnancy. One, perhaps, deserves, especial notice; viz. that the pain is rarely felt, in this state, during the gradual and natural distention of the womb, but during its premature or healthy contractions.

The *duration*, of the *pain*, and other *morbid changes* dependent upon it deserves consideration. Whatever might be the symptoms, organic alteration would scarcely be suspected, except from the examples of some very rapid and rare malignant affections, where the suffering and other morbid symptoms had existed only for a few weeks. Such maladies, unlike inflammations and fevers, require months at least, and often years, for their full establishment. Eventually, and principally by mechanical pressure, the functions of other and neighbouring viscera

are interrupted; disorganizing changes in their structure afterwards occurring, which ultimately affect the organic growths themselves. Nor, without the examination by touch, or the speculum, can we safely pronounce that there is no ulceration of the uterus, because there is no lancinating pain. It is true, that suffering of this kind generally accompanies ulceration; but numerous instances in the wards, and amongst the out-patients, attest that it is by no means an invariable concomitant. We have every year, patients in the last stages of these diseases who still do not require opiates, so slight and transient is the pain caused by the ulceration.

Emaciation is regarded as an almost unequivocal sign of structural lesion; and in the truly malignant diseases, it is seldom absent: but in hard tumours of the uterus, even of great size, there is often no emaciation, till the period when ulceration has occurred in the neighbouring organs or tissues, and when the tumour itself is beginning to soften and break down. Where, however, the tumor is growing rapidly, or where it is producing irritation by mechanical pressure, digestion is soon impaired, there is little or no appetite, and flesh is sensibly and quickly lost.

I have now enumerated the principal circumstances properly included in the history of a structural disease: and it may further be remarked, that any event affecting the vital properties or functions, dependent on the real or supposed organic malady, is fairly comprised in this section; the deviations in the anatomical or physical properties of any viscus being the objects of the examination by touch or by the speculum, by the stethoscope, and by the discharges. There will exist other symptoms of less importance, but still deserving of some remark and enumeration. A history of any given case might not be very incomplete without these lesser details; but the diagnostic record of any structural disease must be essentially imperfect, which does not direct the attention of the reader to the age, the temperament, the kind of pain, the duration of the malady, the effect upon the general health, more especially as to emaciation, and the degree of obstruction or difficulty in the functions of the diaphragm, intestines, or urinary bladder.

I shall now pass on to the

EXAMINATION BY TOUCH,

our most valuable means of diagnosis, especially when aided by the speculum and the stethoscope. Here preliminary anatomical knowledge is essential. The practitioner, to whom the healthy structure of the uterus and its appendages is unknown, will try in vain to appreciate the nature and extent of its morbid deviations: he may examine, but he will not know for what he seeks. The pathology of organic disease of the uterus rests on anatomy: a correct diagnosis must, therefore, mainly depend on correct anatomical knowledge.

The anatomy of the uterus, for the purposes of diagnosis, may be arranged in two divisions.

In the first, may be considered its *structure*; and in the second division, its *size, relative position or locality*.

The structure of the uterus is not difficult to be understood. Externally, it is invested by a serous, while within it is lined by a mucous membrane: the covering externally is the peritoneum; while the internal lining is a prolongation of the mucous surface of the pudendum and vagina. Between these lies the proper substance of the uterus, or its parenchyma; made up of its peculiar muscular fibre, its arteries, veins, lymphatics, nerves, and intervening cellular tissue. It is not necessary to mention the sources whence its supply of blood and nervous influence are derived, because these are points generally known; but I cannot forbear observing, that this simple anatomical arrangement is the key to the study of uterine affections. Each of these parts may be separately the seat of disease: the peritoneum may be inflamed, without the mucous membrane or the parenchyma; and will present symptoms, and changes, strikingly unlike those which shall be produced by inflammation, either of the mucous membrane or the proper structure of the organ. It will not, however, be discovered, that the phænomena accompanying peritoneal inflammation of the uterus differ from those attendant on inflamed peritoneum of other parts, or on inflamed pleura or arachnoid; though the situation of these latter membranes is widely distant; and the functions of the viscera, of which they are parts, widely different from that of the uterus. The same remark is true of the inflammation of the uterine mucous membrane, the progress and results of which closely resemble the inflammation of similar structures in other parts of the body. Nor is the parenchyma of the uterus excepted from this general law. It will be found liable to the like morbid structural and malignant alterations as the parenchyma of other organs.

I must not, however, enlarge; having, in the First Volume of the Reports, directed attention to certain facts of this kind; especially to the difference between structural change in the walls and body of the uterus, and similar disease affecting the cervix of the organ.

The second division of the anatomy of the uterus comprises its *size*, and *relative position* or *locality*.

A minute description of the bulk, weight, and situation of the womb, in reference to the other viscera of the pelvis, is not required; but it is necessary to state a few leading particulars, all of them bearing on diagnosis. The form of the uterus is that of a flattened pear; measuring, from fundus to os, after the full establishment of puberty, and prior to child-bearing, a little more than two inches. After several pregnancies, this dimension will reach nearly three inches.

The weight of the adult virgin uterus, without its appendages, is is not an ounce: after several children, it is seldom less than one and a half, or two ounces.

The breadth of the fundus in the adult virgin uterus is about an inch and a half; and a little more when that organ has been impregnated.

It is placed obliquely in the pelvis; having the bladder in front, the rectum behind, and the convolutions of the ileum above; partially supported by its ligaments, but most effectively by the vagina. The shallowness of the pelvis before, and its greater depth laterally and towards the sacrum, are points of great moment in examination. The fundus of the uterus rises as high as the superior margin of the pubes,

lying forwards; and the cervix and os, stretching posteriorly, and nearly in contact with the middle or lower third of the sacrum.

There are two principal methods of examination by the finger: the first, externally, above the pubes; and the second, by the vagina.

Examination by the rectum will clear up a doubtful point;—the posterior and more prominent surface of the uterus resting on the anterior part of the bowel. The principal facts elicited by the external examination are, *the bulk and form of the organ; its induration, or softness; its precise situation; the effects produced by pressure, such as pain in the part or at a distance, syncope, &c.; and its fixedness or moveability.*

When we attempt to measure the antero-posterior diameter of the pelvic brim, in reference to labour, it is a most favourable circumstance that the finger, in a common examination, cannot reach the promontory of the sacrum; as it is thereby proved, that in this, the principal diameter, there is plenty of room. A similar remark is equally true of the uterus: if, in this external examination by the hand, there is no tumour felt above the brim, or more laterally, it is at least a proof that the viscus does not greatly exceed its normal dimensions. The patient, to afford us every advantage, must be placed in the recumbent posture, on her back, and of course without stays; the shoulders elevated, and the lower extremities flexed upon the trunk: thus, relaxation of the abdominal muscles is fully secured. The examination will be more easily conducted, if the fat covering the abdomen be gradually kneaded or pushed from the hypogastric region. The bladder and rectum ought to be nearly empty; and the intestines must not be distended with air. Prolonged examination is generally unnecessary; and without arbitrarily limiting the time, such an inquiry ought never, as a general rule, to exceed a few minutes.

As we presume that there is increased abdominal bulk, our object is to ascertain its precise nature. There may be pregnancy—a hard or schirrous tumour distending the womb, without pregnancy; pregnancy complicated with one or more tumours of the uterus or ovary; or pregnancy co-existing with ovarian dropsy. There may, too, be accumulations of air or water in the cavity of the viscus; although tympanitis and dropsy of the womb, to any extent, are, in my experience, exceedingly rare. Of course, a minute and accurate knowledge of the abdominal region in health, and of the feeling then imparted to the finger by the various viscera, will aid much in the exploration. When there is disease, the difference is truly great between the tact and observation of different practitioners, in visceral affections of this region of the body.

If the growth depend on pregnancy, not to mention the early signs, the situation, shape, and hardness or softness of the tumour will throw much light upon the question. The situation of the tumour, presuming it to be a pregnant uterus, will vary with the different periods of gestation. At the third month, the fundus of the organ will be felt just above the crest of the pubes; while at the sixth month, and afterwards, it will reach and ascend for an inch or two above the umbilicus. Thus, if the examination be made about the sixth or seventh month, provided there be none of the complications already alluded to, the oval form of the distending body—the larger extremity of the oval lying above and forwards,

at or a little way above the level of the navel; its freedom from tenderness on pressure; the firmness felt in the tumour, so much greater and more defined than in any part of the abdomen, excepting the region of the liver, owing to the intestines occupying the spaces above and at its sides; are all of them circumstances confirmatory of the fact of pregnancy. Be it remembered, too, that these changes may all be satisfactorily ascertained, if the coverings of the abdomen are not unusually fat. And even where we meet with this great obstruction, the kneading process will avail much: at all events, the hardness or softness of the growth may be noticed. Hardness, it is true, belongs to schirrous tumours of the uterus; but they are usually lobulated, and sometimes almost stony: while the induration of pregnancy is of even surface, and only of moderate firmness; excepting when the womb is in action, when the hardness resembles that of marble.

I need not pursue this inquiry further. If pregnancy be strongly suspected, the stethoscope will be used; and if the pulsations of the fetal heart are heard, all doubt is at an end.

If the enlargement of the womb result from *schirrus*, even though it be considerable, its diagnosis, where there is no pregnancy, is not difficult. The irregular and uneven surface of the growth, the separate knobs of induration, the number of the tumours where there are more than one, the long time generally occupied in their development, and the symptoms of continued mechanical pressure on neighbouring organs, prevent an erroneous conclusion. It may then be granted, that the external examination will frequently lead us to a correct and decided opinion, in those examples of doubtful enlargement produced solely by pregnancy, or solely by one or more hard tumours of the womb.

But will it suffice, *where tumours of the uterus or ovary, or dropsy of this latter organ, or growths from the broad ligament or other parts of the pelvis* are co-existing with pregnancy?

It may suffice even here, if these morbid conditions were known to exist prior to the pregnancy; and if this latter state has occurred in the usual manner, and is attended by the common and natural signs. Here there would be dangerous complication, but there would be no doubt. It sometimes happens, however, that women marry late; or, having been married early, conceive after many years of barrenness; or, having borne children rapidly at first, leave off doing so, till they have arrived at that period when the power of reproduction might be supposed to have ceased. Pregnancy in these latter circumstances is often doubted. Structural disease generally occurs at this age; and if the symptoms of the supposed pregnancy are incomplete and irregular, there is fair ground for hesitation. The bulk of the abdomen may, perhaps, be disproportionate to the presumed period of impregnation; there may be a painful hardness in one part, and a want of proper size in another part of the abdomen; the catamenial suppression may not have been complete; the vaginal discharges may have been rather profuse and unhealthy; and the movements of the child may have been only partially and feebly felt. All these peculiarities may depend on structural disease, co-existing with pregnancy; and several Cases of mine in a Paper in the First Volume of Guy's Hospital Reports ('on the propriety of inducing premature labour in pregnancy complicated with tumour') prove these statements to be entirely

true. In these instances, the opinion was most difficult: the history of the symptoms, and the external and internal examinations, scarcely sufficed for a positive diagnosis. In one of them, the stethoscope detected the beat of the foetal heart: while in another, some doubt existed, till labour pains really occurred; nor was it possible to remove this doubt, as there were two very large tumours developed in the walls of the uterus, in front and laterally; and the placenta was completely over the os.

It is clear that the external examination alone, in such complications, cannot lead to a positive conclusion of what the case really is. The shape, the consistency, whether solid or fluid, and the extent of the abdominal enlargement, may be thus ascertained. The pulsations of the foetal heart, if the child be not feeble or dead, even where there is growth in the walls of the womb, may sometimes be heard through the stethoscope; although it will more frequently happen that this invaluable instrument will be used in vain. I forbear, for reasons hereafter explained, to allude to the placental souffle. All this may have been accomplished, and yet we are far from certainty.

The internal examination by the vagina, and if necessary, by the rectum, must be employed. In cases merely of doubtful pregnancy, where there is no suspicion of uterine disease, a cautious practitioner would not commit himself without this internal examination, except he had heard the beat of the foetal heart, or had felt the foetal movements. In those examples, therefore, of abdominal or pelvic enlargement, where pregnancy is thought to be complicated with disease, such inquiry is indispensable; and occasionally, with all the information it affords, we shall hesitate to pronounce a positive opinion. It is far easier, by this vaginal inquiry, aided by the speculum, to recognise, not only the existence, but even the precise nature and extent of uterine and vaginal disease, that is to determine whether pregnancy really exists in connection with organic change, thus producing the augmented bulk. There are few things so difficult as to form a correct diagnosis in these cases. In my opinion, however, the determination of the pregnancy is the most serious question: for if there be no foetus in utero, a palliative treatment will be proper; whereas if the patient be pregnant, her safety mainly and almost solely depends on the induction of premature labour.

The solving of this question requires that we ascertain the condition of the neck and mouth of the womb—the size and condition of its body—and the nature of the uterine contents, especially as to motion: if these various parts of the uterus are changed, as in simple and natural pregnancy, the opinion will be certain, and we shall proceed with confidence. The patient must be placed on her left side, the usual obstetric position; and the labia and nymphæ being carefully separated, the forefinger of the right hand will commonly reach and touch the parts satisfactorily. It must, however be remembered, that the sensitive part of this finger can only examine with nicety that portion of the neck and os lying opposite to it: to examine the whole circumference of the neck, the index-finger of the left-hand must also be used; and then it is scarcely possible that any morbid spot, or induration, can escape detection. As, in the operation of lithotomy, a deep perinæum increases the difficulty, so in the internal examination, an unusually long vagina, a broad perinæum, and large and fat labia, present obstacles to the

investigation by a single finger. In such patients, two fingers, or perhaps the whole hand must be used; having been previously lubricated by oil, rather than by any unctuous substance. If the neck be **supple, broad, soft** without tenderness, and if the os be **closely sealed**, so far the evidence is in favour of pregnancy. Doubts may arise here; because a polypus may distend the cavity, and lead to development of the neck, but the os would hardly be sealed: the neck itself may be the seat of chronic inflammation, or of hard tumour, generally diffused or confined to one spot; those may be puckered, fissured, or indurated by cicatrices, thus obscuring the indications: but, even here, tact will scarcely fail to appreciate in what degree the indications are to be relied on; the practitioner never forgetting, that all these morbid conditions may exist in the neck of a pregnant uterus. A sealed os would, in a case of such perplexity, avail much: tumours growing from the neck, or os, would perplex, but they would not greatly interfere with the opinion.

The *second* part of this inquiry refers to the body of the uterus. And if the enlargement be globular, arising equally from every part of the circumference of the neck, expanding upwards after the manner of a balloon, affording an elastic resistance to pressure, such indications most probably result from pregnancy. Enlargement, it is true, may arise from hypertrophy, polypi, hydatids, and solid growths of various kinds; but here the resistance to the pressure of the finger would be different; there would be little or no elasticity, excepting where there are hydatids; for hydrometra or physometra need not be included; and there would be a solidity about the uterine mass, which could scarcely be mistaken for pregnancy.

The *third* fact to be discovered is, the nature of the uterine contents; and, especially, whether they possess the power of motion. The stethoscope is not always available, even where the child is living; and where it is dead, it can afford no help. I have already alluded to the different kind of resistance to the pressure of the finger, on the lower part of the body of the uterus. Where there is fluid in the cavity of the womb, the fluctuation, and perhaps the sound, will afford tolerable evidence; and if the palm of the left hand be placed over the hypogastric region, when impulse is given to the fluid by the finger in the vagina, there will not be much doubt of its locality. If there be a foetus in this fluid, the same impulse will cause it to rise; and having floated for an instant, it will again subside on the finger. This is termed "ballotement," or balancing the foetus, and can be practised with equal facility, whether it be living or dead.

Examination by the rectum will afford a correct idea of the degree of the uterine enlargement, and of the pressure which it exerts posteriorly, and perhaps laterally. It may, too, confirm the impression of the solidity or fluidity of the uterine contents. The morbid peculiarities of the neck, already mentioned, may slightly interfere with the examination of the body; but not so seriously as to prevent our distinguishing, whether the contents of the viscus are hard, heavy, and incompressible, or fluctuating and elastic.

The placenta being entirely or even partially over the mouth of the womb, hypertrophy of the lower part of the organ, or one or more tumours, being situated in its front or sides, will, of course, prevent

the certain conclusion which might otherwise be drawn: but we still have the history of the case, the previous pregnancies, if there have been any, the external abdominal enlargement, the examination by touch, and the stethoscope. This, then, is the inference fairly deducible—that although there are cases, where the able employment of all our diagnostic means fails to make us certain of the existence or non-existence of pregnancy, yet that such examples are very few, compared with the number in which such means, used with tact, will conduct us to a positive and correct opinion.

If the indications afforded by the vaginal examination, in doubtful and complicated pregnancy, approach thus near to certainty, the touch, in most of the diseases of the cervix and os, aided by the speculum, must lead to a positive and correct opinion. Often, however, the former mode will suffice; and it ought, in every instance, to be first employed. There is scarcely a case in which the examination by touch may not be used, once at least; while there are not a few in which the inspection by the speculum is absolutely injurious to the sound, as well as to the unhealthy structures of these organs. By the finger, we can correctly ascertain the size and shape, the consistency, the temperature, and the sensibility of the parts to be examined. Ulceration, or abrasion, may also be detected by the touch, but not with accuracy, as to its nature or extent.

The cervix is seldom more than an inch in length; and is attached to the womb, like a firm, solid nipple. It is lined, both externally and within, by mucous membrane. It differs sensibly from the body of the uterus, being glandular, and, of course, more compact and condensed in its structure; and, so far as I have examined it, without a trace of muscular tissue: it is the channel of communication between the vagina and uterine cavity. Every solid body, whether it be the child, a polypus, a hard tumour, or hydatids, can only find egress through the distended and yielding, or diseased, cervix. All the secretions of the uterine cavity, be they healthy, or offensive and irritating, must pass over its surface: added to which, it is frequently exposed to contusion and inflammation, from sexual intercourse, and from the use of obstetric and other instruments. If it be true, that a part is liable to organic change, in proportion to the excess or even the frequency of its action, we need not wonder that the cervix is so often the seat of chronic inflammation and of structural disease.

Varieties in the form and size, and, to ascertain extent, in the structure of this part are not uncommon: and here it is, that precise anatomical knowledge is so valuable. Often have I been told, that the neck was organically diseased, when, in one or other of its usual conditions, there was only a healthy peculiarity. A cervix, smaller or larger than the natural one, is often met with; and if there be nothing morbid in its structure or function, it is undeserving of pathological attention. The extremes of size may exist in the healthiest women. An elongated cervix is not so uncommon as I formerly supposed. Naturally, the cervix hangs in the upper part of the vagina, not touching its parietes; but if it be of abnormal length, it will, of course, touch the vaginal surface; and if very long, may produce irritation and leucorrhœa. In estimating pregnancy, and its period, by the development

of this part, the possibility of a naturally elongated neck must not be forgotten, as such a variety is one of the exceptions to this indication. The apex, or inferior extremity of the neck, is pierced by an aperture, called the os, of an oval form, and with its long diameter transversely. At puberty, and prior to parturition, it is not longer than a quarter of an inch; while in women who have had several or many children, its length is nearly double. The os is naturally always open; and where the neck has been frequently dilated by the passage of a child, its edges were widely separated, and so gaping, that they will easily admit the tip of the fore-finger. In touching these parts, it must be recollected, that the anterior lip is the largest, owing to the chink, or os, not being exactly in the middle of the cervix: it is placed more behind than before—a fact easily proved, by examination. I have never known the os to extend from before, backwards; but I have several times, both in the married and unmarried, and even in women who have borne children, found the cervix remarkably small and compact, perforated by a most diminutive circular aperture, instead of the usual os. Very rarely, there is only the rudiment or a cervix, there being no glandular appendage. The aperture, in this case, is formed in the simple structure of the body of the womb; and slight inflammation may be sufficient for its closure or obliteration. Such an example has been detailed in the Guy's Hospital Reports;* and Dr. A. T. Thompson's case of dropsy of the womb supplies additional testimony to its occasional, though rare, occurrence.

A large uterus, especially at its lower part, a large and soft cervix, a patulous os, fissured, indurated, and cicatrized, may all exist, without organic, and especially without active organic disease. Prior to, during, and even soon after the catamenial flow, the body, and particularly the neck of the uterus, is larger, and more supple than natural; and imparts to the finger a similar sensation to that communicated in the early months of gestation. Frequent sexual intercourse will also induce this state of parts. During natural and healthy menstruation, the orifice of the neck is very dilatable, and easily allows the passage of the finger: this will but rarely occur at other times, independently of disease; and the opinion will be unfavourable, if the finger, on passing into the canal of the cervix, shall touch a puckered, course, and rough membrane.

Induration, and cicatrization, in slight degree, may result from lacerations, during labour, and from the inflammation attendant on their union. In old women, it is especially important to remember, that the cervix naturally diminishes in size, and the contraction of its structure is almost invariably associated with considerable induration;—but still, without disease. It has often occurred to me to verify this statement. I might enlarge here; but the structural varieties already enumerated are perhaps sufficient to guard a careful examiner against error. Deviations more marked and positive than these, attended by pain and discharge, justify a decidedly unfavourable opinion.

It will not be difficult to appreciate morbid change in the consistency of the neck: for although the cervix possesses the firmness of

* Vol. II. p. 258.

gland, this may, by a practised examiner, be easily distinguished in the induration, with tenderness, of chronic inflammation; and I more easily from the almost stony or marble hardness of a scirrhous tumour.

Again, the unnatural softness and moisture of this portion of the womb is probably indicative of slightly-altered organization, of slow progress, and less dangerous character, where it is the result of present or former hæmorrhages and leucorrhœa, than where it succeeds diffused or isolated induration. In the former case, it may continue for years, and perhaps to the end of life, without ulceration; while in the latter, it is often the forerunner of that breaking down and malignant degeneration so frequently seen in these structural maladies of the cervix. I cannot forbear to caution the practitioner against a hasty and alarming prognosis, where unhealthy softness is connected with losses of blood and irregular catamenial discharges. Such a condition is curable; and occasionally, where little has been done, it has continued for years, perhaps till the final departure of the catamenia; and the cervix is then acquired its usual firmness. There are other states not so easily defined, and which can only be recognised by a practitioner frequently in the habit of touching these parts:—on these I cannot dwell.

The sensibility and temperature of the os and cervix are neither of them considerable in health; and as, in a common examination, the moderate pressure of the finger ought not to produce pain, and as there ought not to be sufficient heat to excite notice, a practitioner can scarcely err in deriving, from these facts, supplementary information. Pain and heat, in any degree, are both present in inflammation of the cervix; while in the early and more-advanced stages of organic disease they are often, if not generally, absent. Of course, where the disease is softening, and passing through the changes prior to ulceration, there will be more or less of heat and pain.

Abrasion and ulceration may both be detected by the finger, and, in not a few instances, sufficiently satisfactorily to supersede the use of the speculum. Where the former is known to arise from temporary causes, and where the latter is the consequence of the breaking down of hard tumours, the delicacy of the patient may be consulted, without compromising her safety, in abstaining from the employment of this old and valuable instrument.—*Guy's Hospital Reports*.

A Report of Thirty-four Cases of Puerperal Convulsions.

By ROBERT LEE, M D., F.R.S.

Lecturer on Midwifery at St. George's Hospital, and Physician to the British Lying-in Hospital.

CASE I. —, æt. 22; first pregnancy; ninth month; unmarried. Edinburgh, 1816.—Numerous violent fits of convulsion at short intervals,

without a return of consciousness, for twelve hours. Orifice of uterus soft and dilatable; but no sign of labour. The pulse was rapid and feeble. The fits continuing, with coma, the child was turned without difficulty and delivered. Death in six hours. Blood-vessels of brain distended. No other morbid appearance observed. V.S. ad $\mathfrak{z}l$.; head shaved; cold lotion; calomel; enemata; artificial delivery.

CASE II. —, æt. 26; first pregnancy; ninth month. 12th July, 1823.—Fifty hours in labour. Head of child low in the pelvis. Vagina and perineum rigid; pulse full and strong; face flushed; occasional incoherence and slight convulsive tremors of the face and extremities. Venesection, followed by two severe fits of convulsion and insensibility. Unsuccessful attempts to deliver with the long forceps. Craniotomy. No fit after delivery. Consciousness soon returned. Uterine inflammation. V.S. $\mathfrak{z}xviii$. Cathartics. Cured.

CASE III.—Mrs. L——, æt. about 26. January 22, 1827. First pregnancy; seventh month. Eight weeks before delivery suddenly seized with coma, from which she recovered after copious V.S., &c. Headache, giddiness, and partial loss of speech, but consciousness and memory have remained. Slight hemiplegia of the right side. Pulse 90. Went to the full period; labour natural. In a few hours, convulsions, coma, dilated pupils; retention of urine; and she died on the 29th. Upper surfaces of both hemispheres partially coated with a thick firm layer of lymph. Softening of the brain below. The veins distended with firm coagula. Ventricles filled with serum. The ventricles did not collapse after the fluid had flowed out. Copious V.S., and cupping, head shaved, cold lotions, and blisters; cathartics; low diet.

CASE IV. —, æt. 20; 1827. First pregnancy; seven and a half months; unmarried. Had attacks of epilepsy for several years during early life. Headache, drowsiness, loss of memory; paralysis of right inferior extremity after a slight fit of convulsion and coma. Labour natural; child alive. No return of symptoms after delivery. V.S.; cupping; head shaved; cathartics; low diet. Cured.

CASE V. —, æt. 24, 21st June, 1828; third or fourth pregnancy; seven and a half months. Subject to epilepsy in early life. After suffering for several days from an uneasy sensation of weight in the head and giddiness, was suddenly attacked with convulsions, of which she has had several fits, and has little or no consciousness in the short intervals. Os uteri closed. No symptom of labour. 2d June: no fit, but considerable stupor continues. Pulse 80; copious alvine evacuations. 24th: no return of convulsions; and she went to the full period, and was safely delivered of a living child. V.S. $\mathfrak{z}xx$.; head shaved; lotions; enemata; cathartics; V.S. $\mathfrak{z}xii$.; low diet. Cured.

CASE VI. —, æt. 18, 24th Jan., 1829; first pregnancy; 9th month. Delivered at 11 A.M.; labour natural. The expulsion of the placenta was soon followed by a strong fit of convulsion. V.S. was immediately employed. At 4 P.M. frequent severe fits, without any intervals of consciousness; V.S. repeated. At 8 P.M. the fits and stupor continued, when forty drops of laudanum were prescribed in my absence.

25th.—Fits continue; twenty drops of laudanum, and sinapisms to the legs, were then ordered by her medical attendant.

26th.—Several fits of convulsion in the course of the night. Has taken

sixty drops of laudanum at three doses, which appeared to calm the violent agitation after the paroxysms.

27th, 10 A.M.—Severe and frequent fits during the night; breathing stertorous; pulse rapid and feeble.

Died on the 28th.

I examined the brain, but except a slight turgescence of the blood vessels of the pia mater, no morbid appearance was observed.

V.S. $\bar{3}$ xxxv.; V.S. $\bar{3}$ xvj. Head shaved; enemata; calomel; ol. ricini; tinct. opii; sinapisms, &c.

CASE VII.—Mrs. —, æt. 24, first pregnancy; ninth month unmarried. 1828. A weak delicate woman; had several fits of convulsion in the first stage of labour, in consequence of which she was severely bruised in different parts of the body. She was completely insensible in the intervals. The pains ceased, and the os uteri being only partially dilated, and the head of the child being too high in the pelvis for the forceps, the delivery was completed by craniotomy. The fits soon after ceased. $\bar{3}$ V.S. xxv.; do. $\bar{3}$ xij. Cured.

CASE VIII.—Mrs. H., æt. 24, first pregnancy; ninth month. Sept. 16th, 1828. Constipation and headache for several days; severe fits of convulsion; insensible in the intervals. Pupils dilated; pulse 80, full and strong; face flushed; os uteri slightly dilated; feeble irregular uterine pains. After venesection and free evacuation of the bowels the fits ceased, and she was delivered the next day, without assistance, of a living child; but it died in 30 hours with convulsions. V.S. $\bar{5}$ xxxv.; hirudines; head shaved; calomel; enemata. Cured.

CASE IX.—Mrs. W., æt. 33, second pregnancy; ninth month. Oct. 6th, 1828. Had convulsions during her former labour. Headache, giddiness, and drowsiness, during the latter months of pregnancy. Venesection recommended, but not employed. In the first stage of labour, during the night, several severe fits at short intervals; muscles of left side most affected; face flushed; pupils dilated; pulse rapid, feeble, irregular; os uteri widely dilated; head passing through the brim of the pelvis.

7th.—Child born alive this morning without artificial assistance. The fits soon after ceased, and consciousness partially returned. Left side slightly paralysed; pupils dilated.

1.th.—No return of fits, and the paralysis is gradually disappearing. From this period she recovered the use of the arm and leg.

On the 4th of January, 1829, she died in a fit of convulsion, with which she was seized soon after taking an emetic, without advice.

Serum was found in the ventricles of the brain. A portion of the upper part of the right hemisphere was in a state of complete ramollissement. Both the cortical and medullary parts of the brain were changed into a thin substance like custard. There were tubercles in the lungs.

V.S. $\bar{3}$ xx.; cupping, $\bar{3}$ xij.; calomel, &c.; head shaved.

CASE X.—Mrs. P, æt. about 25; eighth month. Jan. 27th, 1828. After a violent quarrel with her husband, who came home intoxicated, complained of headache and general indisposition. At 7 A.M. seized with strong convulsions, of which she has had several paroxysms. 11 A.M. insensible; tongue lacerated; a bloody foam issues from the mouth; fits continue, with short intervals, when the muscles are affected with spasm. Pulse slow, full, and strong; os uteri dilated; head of child low in the

pelvis. During the continuance of the fits the child was expelled without artificial assistance, at 8 P.M. Afterwards had puerperal mania. V.S. $\bar{5}x$; V.S. $\bar{5}xxvj$. Head shaved; stimulating enema; cupping $\bar{5}xij$.; do. $\bar{5}xij$. Cured.

CASE XI.—Mrs. B., æt. 30; ninth month. April 15th, 1829. Headache, vertigo, great depression of spirits, during the seventh and eighth months of pregnancy. Convulsions: hemiplegia of left side took place seventeen days before labour. Labour natural. Died comatose three days afterwards.

Serum in the ventricles of the brain. A small scrofulous tumor adhering to the basilar artery. A portion of the right anterior lobe of the cerebrum softened, and of a yellow colour.

V.S. $\bar{5}xvj$.; cupping, $\bar{5}xvj$.; do. $\bar{5}xij$.; head shaved; lotions, blisters, cathartics, &c.

CASE XII. —, æt. 30; fourth or fifth pregnancy; ninth month. 1829. Violent convulsions, and insensibility in the intervals, for twenty-four hours, without any sign of labour. After repeated copious venesection, &c., and the fits continuing with undiminished violence, Mr. Stone agreed with me in the propriety of artificial delivery, which I immediately performed by turning the child. Considerable time and force were required to dilate the orifice of the uterus, which grasped the neck of the child so firmly after the body and extremities were delivered, that great force was required to extract the head. The fits ceased as soon as the delivery was completed, and she soon recovered. V.S. from $\bar{5}l$. to $\bar{5}lx$.; cupping; enemata; calomel; artificial delivery; ice in a bladder to the shaved head.

CASE XIII. —, æt. 20; first pregnancy; eighth month. 1829. Delicate and hysterical; headache and giddiness for several days. From twenty to thirty severe fits of convulsion during fifteen hours; insensible in the intervals; pulse 80; face flushed; bowels costive. Labour came on twenty-four hours after the first attack, and a dead child was soon expelled. No fit after delivery. Consciousness did not return for several days. Uterine and crural phlebitis followed. V.S. $\bar{5}xij$.; V.S. $\bar{5}xx$.; head shaved; ice to the scalp; calomel; enemata. Cured.

CASE XIV. —, middle age; first child; near the full period. March 23d, 1829. Labour commenced four hours before the first fit, which was long and severe. Complained of headache and giddiness for several weeks before. Os uteri fully dilated at 10 P.M.; about the half of the head in the cavity of the pelvis. The pains completely ceased, after the convulsions occurred, till 1 A.M. of the following morning, when they returned, and at 2 o'clock a dead child was expelled.

26th.—Partially conscious; no fits. Attacked on the 27th with uterine inflammation, and died in three days.

Body not allowed to be inspected.

V.S. $\bar{5}xxx$.; leeches, xij ; head shaved; lotions, enemata, blisters, &c.

CASE XV. —, a young woman; first pregnancy; ninth month. Sept. 1829. Had frequent and violent fits of convulsion soon after the commencement of labour. Four pints of blood had been drawn from the temporal artery by her medical attendant before I saw her. Os uteri slightly open; no pains. Convulsions continued five hours, when a dead child was expelled. No fit after delivery; but she continued comatose, and died soon after. Copious V.S.; head shaved; enemata; calomel.

CASE XVI. —, æt. 25; first pregnancy; ninth month. April 8th, 1830. Hysteria at the age of 15. At the end of the ninth month frequent fits of convulsion in the course of twelve hours. Consciousness returned after venesection. Severe headache, and occasional spasms of the face and extremities. Labour natural. Uncertain if the child was alive. V.S. $\bar{3}$ xxx.; calomel, gr. x.; enemata; cathartics; cold to the shaved head. Cured.

CASE XVII. —, æt. about 20; first pregnancy; ninth month; admitted into the St. James's Infirmary, Jan. 1, 1831. Incoherence, followed by convulsions towards the end of the first stage of a protracted labour. Labour pains strong and regular, and the greater part of the head in the cavity of the pelvis. The fits were relieved after venesection, and she was delivered in a few hours of a dead child, without help. V.S. $\bar{3}$ xviiij.; V.S. $\bar{3}$ x. Cured.

CASE XVIII. —, æt. 30. May 9th, 1832. Had epilepsy when a child. Labour began at 8 A.M., 7th May. Membranes ruptured in the night; os uteri dilated to the size of a crown on the morning of the 8th. Pains feeble; complained of headache; pulse full and slow. Venesection; enema. Labour continued till the morning of the 9th, when severe convulsion fits supervened. Venesection repeated. Fits and unconsciousness continued for several hours, and the pains went entirely off. The head being still high up in the pelvis, and the os uteri rigid and undilated, craniotomy was performed. No fit after delivery, V.S. $\bar{3}$ xvj.; enema; cath.; V.S. $\bar{3}$ xxv.; head shaved; cold lotions; enema; craniotomy. Cured.

CASE XIX.—Mrs. B., æt. 30; first pregnancy; ninth month. Autumn, 1831. Six hours in labour, under the care of Mr. Girdwood, of Paddington. At the end of the first stage of a labour, incoherence, stupor, and several slight fits of convulsion. The symptoms were immediately relieved by venesection, the pains continued, and a living child was soon expelled. V.S. $\bar{3}$ xxxvj. Cured.

CASE XX. —, age not ascertained; patient in St. Marylebone Infirmary. December 1831. Had a number of severe fits of convulsion soon after the commencement of labour. No relief was obtained from venesection; and the pains having entirely ceased for many hours, and the head of the child being above the brim of the pelvis, and the os uteri only partially dilated, craniotomy was performed. Only one slight fit occurred after delivery, and consciousness returned gradually. Copious V.S. Cured.

CASE XXI. —, middle age, October 1833, first pregnancy. Had been long in labour, when convulsions came on, without any complaint of headache. A feeble child, born alive. Convulsions ceased immediately after delivery. V.S. $\bar{3}$ xxx. Cured.

CASE XXII. —, æt. 20, 30th December; first pregnancy; unmarried. Was called to see a patient, æt. 20, in an adjoining parochial infirmary, who had been attacked with furious fits of convulsion sixteen hours after the commencement of labour. Os uteri fully dilated; head of child jammed in the brim of the pelvis. An ear could not be felt. Fits continued still more frequent and violent after V.S. Pulse rapid and feeble. Labour pains have entirely ceased. Head perforated, and great force required to draw it through the pelvis. No fit after delivery. Sensibility returned the day after. V.S. $\bar{3}$ xxx. Craniotomy. Cured.

CASE XXIII. — Kirby, æt. 30, St. Marylebone Infirmary, May 23,

1834. Second child. Pelvis distorted by rickets. Delivered by craniotomy two years before, after a tedious labour. Two strong fits of convulsion took place on the 23d May, when she had been six hours in labour. Fœtal head above the brim of the pelvis. Meconium passing. Uterine contractions incessant. Abdomen tense, hard, and painful. Craniotomy. No fits after. V.S. $\bar{3}xii$. Cured.

CASE XXIV.—Mrs. G——, æt. 28, Feb. 25, 1833. First pregnancy. 9th month. After eating roasted pork for dinner and supper, was seized with vomiting, convulsions, and insensibility, at 3 A.M.; after V.S. and an enema the fits became slighter; the pulse extremely rapid and feeble. The fits, however, returned occasionally till 10 A.M., when labour pains came on. At 1 A.M. a dead child was expelled. Fits and insensibility continued four hours after.

26th,—The fits had ceased and consciousness had returned, though imperfectly. Retention of urine. She died five days after, with symptoms of uterine inflammation. Body not allowed to be opened. V.S. $\bar{3}xx$; head shaved; enemata, &c.

CASE XXV.—A young woman. St. Marylebone Infirmary, July 5, 1833. First pregnancy. Delirium and slight convulsions came on suddenly, after the labour had lasted upwards of 24 hours. Vagina rigid, hot, and tender. Os uteri not fully dilated. V.S. procured no relief. The head being beyond the reach of the forceps, the operation of craniotomy was performed. The fits immediately ceased. Consciousness was not perfectly restored for several days. Copious V.S. Craniotomy. Cured.

CASE XXVI.—A young woman, delivered at 3 A.M., on the 20th May, 1828. Several fits of convulsion soon after, of no great violence.

1 P.M.—Fits have ceased; consciousness partially restored; appears heavy and oppressed, and complains of headache. Pulse 60, full and strong. V.S.

10 P.M.—No return of convulsions. V.S. $\bar{3}xxv$. Calomel, gr. vi. Haust. Sennæ. Cured.

CASE XXVII.—In December 1829, I examined the body of a woman who had died after puerperal convulsions. She was not seen by me during life. Insensibility and convulsions came on during labour, which was protracted. The pulse was stated to have been rapid and feeble. Delivery was completed by craniotomy, and she died comatose three days after. A table-spoonful of serum was found, on inspection after death, at the base of the brain. The pia mater around the tuber annulare vascular. Brain healthy.

CASE XXVIII.—Mrs. M——, æt. 28, was suddenly attacked with convulsions, eight days after a natural labour. She had ten severe fits in less than two hours. In the intervals she was completely insensible, with stertorous breathing; dilated pupils; the pulse 110, feeble. The fits went off in a few hours, but she remained for several days in a drowsy confused state. The attack followed the use of very indigestible food. Has since been twice confined, and had no convulsions. Cupping $\bar{3}xii$. Calomel; Cathart. enema. Head shaved. Blister. Cured.

CASE XXIX.—Mrs. P——, æt. 26, April 1835. First pregnancy, full period. Returned home after midnight, from a large dinner party, at which she had partaken of a variety of dishes and wines, and had been seated near a large fire. Labour came on at 4 A.M., and soon after she

became incoherent. and said she felt her teeth falling out of her head. On attempting to drink some warm tea, she bit a large piece from the edge of the china cup, and crushed it between her teeth. Convulsions of great violence immediately followed. Copious V.S. and an enema gave no relief. In an hour and a half the head of the child was within reach of the forceps, and it was applied, and the child was soon extracted alive. She died at 1 A.M. The perineum was extensively lacerated, from the impossibility of sustaining her for an instant in the same position. The child was known to be alive before delivery, from the cord being around the neck and felt pulsating. Body not allowed to be examined. V.S. $\bar{3}$ xxx.; V.S. $\bar{3}$ xii. Enema. Head shaved. Delivered with the forceps.

CASE XXX. —, æt. 18, unmarried; first pregnancy; end of eighth month. March 3, 1835, St. Marylebone Infirmary, 11 A.M. Has had seven fits of convulsion. Neck and face swollen. Os uteri fully dilated. Face presentation. Pains have nearly ceased. An attempt was made to deliver with the forceps, but it failed, from the impossibility of keeping her steady.

3 P.M.—Fits continuing with undiminished severity, the operation of craniotomy was performed.

4 P.M.—Four fits since delivery, from which she was greatly exhausted. Forty drops of liquor opii sedat. administered, after which the fits became much slighter. The dose was repeated several times, and the fits gradually went off. V.S. $\bar{3}$ xx.; V.S. $\bar{3}$ x Cured.

CASE XXXI.—A lady, about 26 years of age, who had been in labour with her first child for no long period, was seized with convulsions, for which V.S. was immediately resorted to by her medical attendant. The fits continued with violence till the head was pressing upon the perineum, and it was resolved in consultation to deliver with the forceps. While placing the patient in the proper position for performing the operation, the child was expelled alive by the natural efforts, with the funis round its neck. The fits instantly ceased, but she remained in a state of stupor for four hours. V.S. $\bar{3}$ xxx. Head shaved; enema; cold lotions; cathartics. Cured.

CASE XXXII.—August 1836. A young woman in the St. Marylebone Infirmary had fourteen fits of convulsion in the first stage of labour. It was her first pregnancy. Copious V.S. was employed without effect. I delivered her with the forceps. The child was dead. She had only one slight fit afterwards. Cured.

CASE XXXIII.—Mrs. A——, æt. 25; eighth month; fourth pregnancy. August 17, 1836. Yesterday (the 16th) dined on currie and rice, and ate mutton and eggs at tea.

17th.—Awoke at one o'clock in the morning with violent pain in the back part of the head and sickness, for which she took a strong cathartic. A physician was called to her soon after, and ordered five grains of calomel and an antispasmodic draught, which relieved the symptoms. During the forenoon she remained in a drowsy state without complaining. At mid-day a fit of convulsion occurred. At 3 P.M. another and more violent fit followed. I saw her soon after this. The pulse was extremely rapid and feeble, and it became altogether imperceptible at the wrist on the abstraction of eight ounces of blood from the arm. More blood would not flow from a large orifice in the vein. Orifice of the uterus slightly open; labour

pains commencing. Membranes ruptured artificially, and liquor amni discharged. An hour after, four ounces of blood were removed from the temple by cupping, when the pulse again became imperceptible. At 6 P.M., the os uteri being dilated, and the head in the pelvis, I delivered with the forceps. The child was dead. The fits continued, and she died at 8 P.M. V.S. \bar{z} viii. Cal. gr. x.; Haust. Antip. Cal. gr. xv.; Cupping, 4 ounces. Head shaved. Enema.

CASE XXXIV.—Mrs. P——, æt. 35, a widow, in the eighth month of her third pregnancy. For fourteen days had influenza and severe headache. At 1 P.M., 8th February, 1837, attacked with convulsions. At 8 P.M. she had had 16 severe fits. V.S. had been employed, and the hair cut off. At 9 P.M., pulse 110, and feeble; hands and feet cold; stertorous breathing. When the fits occurred, the muscles on the right side of the body became first affected. In about a minute the spasms left this side, and the muscles of the opposite side became affected. Pupils dilated. Membranes ruptured. At midnight the fits continued, and the head not being sufficiently advanced for the forceps, she was delivered by craniotomy. Only one slight fit occurred after delivery, and consciousness was restored in the course of the day. V.S. \bar{z} xl. Head shaved. Calomel. Enemata. Cured.— *Medical Gazette.*

Effects of deficient ossification of the Cranium.

By JOHN GRANTHAM, Esq.

THERE are two errors into which most writers are apt to fall,—the one of particularizing too much, the other of generalizing too much; both tending to false consequences,—a failing which I am desirous in this instance of avoiding, in my endeavour to show that a defect of the bony structure of the cranium is of itself a cause of epilepsy, cerebral congestion, and hydrocephalus.

It may perhaps be well, in the introduction of the following cases, to consider for a moment the structure of the cranium; and, reversing the usual mode of reasoning, I shall commence from old age, and thence proceed to infancy. In advanced life the bones of the skull are compact and very firm, almost uniform in their substance; hence, when old men receive a blow on the head, they suffer more readily from concussion of the brain, the different laminæ being so consolidated as to admit of no yielding, nor do the different layers of the bone prevent vibration. In middle age the texture of the cranium is not uniform; the external table or outer layer of bone is tough and firm, the inner table or vitreous (as its name implies) glassy, friable, easily broken; between these two tables we have the diploe. These tables or structures being differently composed, and vibrating differently, are better calculated to resist the effects of a blow or fall, and can rarely vibrate together. In infancy the skull possesses elasticity, such elasticity being greatest at birth, and decreasing as it grows. It is between the ages of nine and twenty months that I wish more particularly to notice

the defect of compactness in the structure of the cranium. In the nineteenth volume of the Medical Gazette, page 495, I endeavoured to support the truth of Sir Gilbert Blane's doctrine of the necessity of compactness in the bony compages of the cranium to fit the cerebral mass for its natural action. Therefore, admitting that an unnatural separation of the sutures, and an unnatural enlargement of the fontanelles, with thinness of the bones of the head, is seen as an effect, the inquiry of necessity follows—What is the cause, or what are the causes, of such a condition, and to what results will this imperfection of structure tend?

In the first place, what are the causes? Improper nutriment, a strumous diathesis, and a lack of warmth of the skin during the first seven or eight months of infantile life. What are the results of such a condition? Epilepsy, cerebral congestion, hydrocephalus, and mesenteric disease. Thus premising, I shall illustrate these remarks by relating a few cases.

CASE I. — Epileptic Fits — Open Sutures — Roller to the Head — Recovery.

January 12, 1837.—I attended the child of G. P——ps, aged fourteen months; he was subject to epileptic fits, which returned at intervals, day and night. Leeches, blisters, and calomel, were used according to the age and strength of the child; nevertheless, the fits returned with equal severity. On examining the head I found the frontal bone advanced, with separation of the coronal suture; the anterior fontanelle enlarged. The child appeared to suffer from general lassitude, pallidness of the skin, with considerable loss of flesh.

February 7.—He had a fit of epilepsy in the night. I now applied a calico roller to the head, about one inch and a half in width; ordered the child a milk diet, with six drachms of lime-water daily. The patient from this date steadily improved, without the slightest return of the fits, increasing in health and strength. The circumference of the cranium was reduced an inch in extent.

May 1.—Quite well, and has had no return up to the date of this paper. The parents have lost two children from hydrocephalus.

CASE II. — Epileptic Fits — Temporary improvement from application of Roller — Death.

Jan. 4, 1837.—At Gravesend, W. Edwards, aged seven months, was attacked with epileptic fits, apparently arising from cerebral congestion, accompanied with symptoms of compression. He was judiciously treated by Messrs. Park and Armstrong, of the above place, with leeches, blisters, and calomel, under which plan he was in a few days apparently restored to health.

20.—Returned home to Bexley Heath.

February 25.—The epileptic fits returned, but unattended by the same symptoms of compression on the brain. I applied leeches to the temples, counter-irritation along the upper part of the spine, and gave calomel in three-grain doses every four hours. The fits continued with increased violence, until green foetid motions passed off from the bowels, after which he again rapidly recovered.

March 10.—He was a third time the subject of epilepsy. I now directed my attention to the bony structure of the skull. The os frontis was much

advanced, with separation of the coronal suture and enlargement of the fontanelles, with general yielding of the bones. After he had passed a restless night, and had had two fits during that period, I applied a calico bandage round the head, so as to support the bony compages, and ordered, as in case the first, milk diet and lime water. In about a fortnight the head lessened, the bones receded, the epileptic fits did not return, and the child again appeared not only much relieved, but to all around not like the same child—lively, strong, and the countenance, from having a dull heavy cast, became intelligent and expressive,

April 11th.—He had a few slight attacks, which yielded to a few doses of calomel.

May 1st.—The epileptic fits returned, accompanied with irregular action of the diaphragm, so that at times the patient was nearly suffocated; the lips tumid, livid, ribs fixed, and the heart beating with tremendous force. From this time he lost the use of his legs. The spasms were relieved by opiates and mustard poultices to the region of the heart. These symptoms increased daily until June 6th, when he died, in full possession of his mental faculties, at the age of thirteen months.

Autopsy.—Twenty-four hours after death, on removing the integuments from the scalp, the occipital tendon presented a dark livid hue. The coronal and sagittal sutures not closed; anterior fontanelle very large; the cranial bones very thin. On taking off the calvarium the dura mater appeared healthy. The hemispheres of the cerebrum engorged with blood, arterial and venous. The cerebrum soft, and spotted with blood on slicing. The lateral ventricles were found filled with a transparent fluid, extending through the third and fourth ventricles to the spinal column. Thorax and abdomen healthy.

CASE III.—*Restlessness and General Indisposition—Bandage to Head—Recovery.*

April 3, 1837.—Mrs. W——d, from the neighbourhood of Cheapside, London, consulted me respecting her child, aged fifteen months. He had gradually lost flesh during the last five months, was unable to walk, was peevish, restless; appetite irregular. The evacuations from the bowels were green and slimy; the urine high coloured, and frequently voided.

The child had been fed, as it is to be regretted many are, on tea, beef, beer, &c., and indulged with the breast at the same time, while the poor mother is every morning nearly blind with exhaustion. The countenance of the child was animated and intelligent; the head large, and prominent over the eyebrows; the limbs small, body large, and spine weak. On examining the bones of the head I found the coronal suture not closed, and the anterior fontanelle much enlarged. In this case I ordered an elastic belt to be made of the coutchouc webbing, and applied round the head, passing it over the anterior portion of the frontal, over the upper edge of the temporal, round the ridge of the occipital bone; this was prevented slipping by a crucial strap over the top of the head. The child to be weaned, and to live on bread and milk, with one ounce of lime-water per day. In three weeks the child became healthy, slept well, and ran about; at the end of the sixth week the bandage was left off, the bones being closed and firm.

CASE IV.—*Oppressed Breathing—Emaciation, &c.*

May 8th, 1837. I attended the daughter of William D——n, aged fourteen months, and found her suffering from oppression of breathing, general emaciation, chill and heat *without* perspiration twice a day; pulse feeble, small, and quick; no appetite. The bowels passed off slimy offensive motions; urine pale, and small in quantity. The mother, who appeared exceedingly enfeebled, was allowing the child to suck, and, to use her own words, “until the last month past the child ate and drank any thing.” The coronal suture I found not closed, but with serrated edges, demonstrating that it had been closed, but had become disunited, the frontal bone projecting. My attention was of course directed to the congestive state of the lungs and febrile action, and its cause, namely, improper diet. I prescribed two leeches and a blister to be applied to the chest, and a powder to be given to the child, composed of Hydr. c. Creta gr. ii. Pulv. Ipecac. gr. $\frac{1}{2}$, every three hours; and to assist in giving support to the bony compage of the cranium, an elastic belt to be applied round the head. On the second day the difficulty of breathing increased, with decrease of strength, and manifest evidence of serous effusion in the pleura. Early on the third morning the child died. I had no opportunity of making a post mortem examination.—*Med. Gaz.*

On the Treatment of Cholera.

By DR. GRAVES.

As spasmodic cholera seems likely to fix itself permanently in Europe, and has lost nothing of its original malignity, every practitioner is imperatively called on to communicate whatever he thinks may prove serviceable in its treatment. This disease prevailed epidemically to a fearful extent in Dublin in 1832 and 1834. In the former year my practice among cholera patients was very extensive, but by no means successful. In 1834, about the latter end of July, when the disease was raging most violently among the middling and better ranks of society, and at a time when I had very frequent opportunities of treating it, too often had I to regret the inefficacy of the means employed, and though aided by the advice of the most eminent members of the profession in Dublin, too often had I to witness the loss of cases, not apparently very dangerous when they began, and which seemed to leave full time for the employment of remedies, if such were known. Under these circumstances I lost an intimate and highly esteemed friend, Surgeon Ryan, of Camden-street. He was a young man, of vigorous health, and the late Mr. M'Namara and I saw him many hours before any symptoms of collapse had set in; calomel and opium, blisters, frictions, sinapisms, stimulants, and all the most approved medicines, were diligently tried, but in vain; and from that moment I resolved to lay aside the mercurial treatment, which had so very often disappointed my expectations, although pushed to the greatest extent, and applied with the

greatest activity and perseverance. During the preceding months of May and June, I had treated several cases of diarrhoea in fever with large doses of the acetate of lead, according to Dr. Bardsley's plan, and I had had frequently opportunities of admiring the efficacy of this salt in checking profuse alvine discharges. Just as Mr. Ryan died, and while my mind was filled with regret at our failure in his case, I was called by Dr. Percival Hunt to see a lady in Nassau-street, labouring under dysentery; I advised the free use of acetate of lead, and with marked success. Immediately after, I saw a case of cholera still in the stage of premonitory diarrhea, or rather just passing from the bowel complaint into the fully formed disease. I tried the acetate of lead boldly, and with the happiest success. Thus encouraged, I applied this new method of treatment in every case to which I was called, and I was employed both night and day in visiting cholera patients, and every hour gave me additional proofs of the efficacy of the remedy. My formula was as follows;—

R Aetatis Plumbi ℥j.; Opii., gr. j, m. fiat secundum artem massa in pilul. xii. dividenda

The premonitory diarrhoea has almost invariably stopped by taking one of these pills, at first every hour, and as the stools became less frequent, every third or sixth hour, according to circumstances. When the vomiting, spasms, and the state of collapse had begun, it was necessary to give a pill every quarter of an hour: after a couple of hours the effect of the pills became perceptible, in a diminution of the serous evacuations upwards and downwards; then the pills were given only every hour, and as the symptoms yielded they were given less and less frequently, and could in general be laid aside altogether before twenty-four hours. In some it was found necessary to give the acetate of lead in solution, combined with a little vinegar and minute doses of acetate of morphia. Minute doses of opium were useful; any thing of large doses hurtful. Mr. Parr, the able and respected apothecary of the Meath Hospital, was saved by acetate of lead, after the usual astringents, combined with large doses of opium, had been fully tried. He was found by me to be sensibly under the narcotic influence of opium, but the peculiar symptoms of cholera had not been thereby checked. Many took more than forty grains of the acetate of lead in twenty-four hours; it usually darkened, or even blackened, the alvine discharges, before they ceased altogether. Were I to enumerate all the cases of violent cholera that yielded to this treatment, I would be led into a tedious but not an uninteresting detail; I shall, therefore, merely refer to some of the most malignant cases, where the recovery of the patient was undoubtedly owing to the bold exhibition of acetate of lead, and where the success of this practice was acknowledged by witnesses the most unexceptionable and competent.

Mr. Peile, Deputy Inspector General of Hospitals, and Staff-Surgeon Colclough, will not readily forget the apparently hopeless case of an assistant-surgeon in the army, whose life was thus saved. Dr. Marsh was so struck with the effects of this medicine in the case of a young gentleman, residing in the house of the Rev. Mr. Birmingham, Charlemount Mall, that he did not hesitate to my trying the same remedy in the case of Mr. Kerin, then President of the College of Surgeons, whose case seemed to be desperate. Mr. Maturin, son of the celebrated writer, was attacked in the most violent manner, and, indeed, neither I, Mr. M'Namara, or Mr.

King, had any hopes of his recovery; yet he too was saved. Nothing could be more appalling than the state of Mr. Wilson, of Charlemount street. The effects of the acetate of lead in his case was so striking, that Mr. Mulock immediately adopted the plan of treatment, and he assures me that he has thereby saved a great number of very bad cases. Dr. Davis, surgeon of the 18th, or Royal Irish regiment of foot, witnessed with extreme interest the acetate of lead tried, and tried successfully, in a very bad case at the Richmond barracks. Equally successful results followed the trial of this remedy in the hands of other practitioners, both in Dublin and various towns in Ireland, during the epidemic of 1834.

After I found out the benefits resulting from the employment of acetate of lead, I no longer desponded when called to cases of cholera, knowing that in the great majority of instances the disease would yield. Of course there are cases of cholera which admit of no treatment, and which an experienced eye will at once recognize as fatal; they occur generally among the aged, or the very young, and are fatal in the course of a few hours, often without any premonitory diarrhoea. But this constitutes no valid objection to the practice; for in what disease do not cases occur which baffle all our efforts? Fever, scarlatina, pneumonia, croup, inflammation of the brain, of the bowels, and many other affections, occasionally exhibit a degree of intensity which renders them as intractable, and as speedily destructive, as even the worst cases of cholera. But does this occasional intensity and occasional intractability, of certain cases lead us to regard the diseases above enumerated as beyond the reach of medicine and the control of the physician? By no means; for although we feel our efforts in the particular cases specified to be unavailing, yet we also feel that where the intensity of these diseases is less, we can save numerous lives that would otherwise be lost; so it is, likewise, with cholera.

I may remark, that since 1834, cases of true Asiatic cholera occur sporadically every now and then in Dublin, as I believe happens also in most large towns in Europe once visited by this pestilential epidemic. Of these I have lately seen two decided cases; both were likewise visited by Mr. Mansfield. Both were saved; and yet one was so violent as to have reduced a powerful young man to a state apparently hopeless, in the course of three hours.

I cannot conclude without imploring the profession, in every part of the world where cholera prevails, to give my plan of treatment a fair trial, for I feel confident of its efficacy.—*Medical Gazette*.

Causes and Treatment of Curvatures of the Spine, with a Description of an Apparatus for the Use of persons afflicted with the Disease.

By S. HARE, Esq. Surgeon, Leeds.

As it is desirable that each subject introduced before the section should be curtailed as much as possible, I shall omit any introductory matter, and come at once to the origin of the disease, which is owing chiefly to three causes.

1. The improper management of infants and those of a somewhat age, and during the period of growth.

2. To impropriety of dress, and want of free exercise, more especially reference to young females.

3. To inattention to the digestive organs, and the general health of the body.

In accordance with the opinion just mentioned, I shall dismiss the first and third causes and make a few remarks on the second, as being instrumental in producing lateral curvature, which is of the most common occurrence. Deformity is, generally speaking, the product of custom or rather of fashion. In rude communities, or those in a state of nature, it is scarcely known. We have here an evil, and a serious one too, occasioned by a foolish and persevering disregard to the plain indications of nature. That human beings, endowed with reason, should so blindly follow the dictates of arbitrary, and self-created power, that leads them to displays of fanciful and inconsistent nature; it were well if the evil were deserving of censure, merely on account of its extravagance and folly; it assumes, however, a more frightful aspect; it is too often the fruitful source of suffering, and deformity. For, be it remembered, to it chiefly are ascribed as a primary cause those morbid affections and irregularities of the spinal column which lead as an unavoidable result to nervous indigestion, dyspepsia, and a train of other maladies which constantly embitter life.

No article of modern female attire is more injurious in its effect on the constitution than that of stays, which are not only improper in themselves as at present made, but are rendered much more so by the excess of the tightening or lacing them is carried. A very little reflection will show the manner in which lateral curvature is produced. The upper part of this article of dress are brought close under the axillæ, and embrace the scapulæ, are tightly girt, or laced behind; this causes pressure on the bones which in their motion press upon the spinal column, and thus a compound or double pressure is exerted. The free use of the arm is obstructed, and various avocations of life unavoidably tend to a much greater use of the right than the left hand and arm, by which means the former are enabled in some measure to emancipate themselves from the unnatural and disagreeable restraint in which they have been held, the latter comparatively motionless; hence arises that elevation of the right shoulder and consequent depression of the left shoulder, which is so generally observed among the higher and middle classes of females.

The apparatus for the correction of this deformity consists of a wooden plane, about 6 feet 6 inches in length and 2 feet in breadth; at the upper end are two pulleys, which are fixed into a piece of oak, the latter dovetailed into the board; the two outer pulleys are about 4 inches from the centre, which is 6 inches from the board, the two outer ones being 10 or 12 inches asunder; a similar piece of oak, containing two pulleys only, is fixed at the lower end. About $\frac{1}{2}$ from the upper end of the plane, midway on each side, an opening is made through it; a little below is a transverse board, 8 or 10 inches long, and 5 or 6 broad, attached on each side of the plane by means of tape or twine and small tacks, or a piece of cloth fastened with straps and buckles answers very well. A headstrap composed of soft leather, padded, is attached to a strong tape, which passes over the centre pulley, to which is suspended the weight. The s

straps, made of the same material, attached in the same way, pass over the two side pulleys. Similar straps, with weights, are also applied above the ankles, and occasionally only above the pelvis, and passed over the pulleys at the lower end of the plane. The inclined plane is moveable from one room to another; upon it is placed a blanket, or counterpane, of 4 or 6 folds; upon this the patient reclines; the head-strap passes under the chin and occiput, similar to the Hinkly collar and others. An opening in the plane is for the purpose of admitting a strong tape strap, and to the other a weight. This is very useful when the shoulders project; or in cases in excoriation. There is a number of other contrivances which I think it would be needless to enumerate; it may, however, be well to mention, that the weights are not on any account to be so heavy as to inconvenience the patient, unless the medical adviser have some particular reason for so increasing them.—*Communicated at the Meeting of the British Association. Ann. Med.*

THE question of superiority for Instruments of Lithotripsy lately entered into between the two first Instrument Makers, in London and Paris, induces us to publish the following letter from the Chevalier de BENKHAUSEN, Russian Consul General, to J. EVRARD, Surgical Instrument Maker, 35, Charles Street, Middlesex Hospital.

SIR,

From the recommendation of BARON HEURTELOUP, I wish to give you an order for eight sets of that gentleman's Lithotriptic Instruments, on the following conditions.

1st. That each set will contain all the Instruments now used by BARON HEURTELOUP, and made according to his pattern.

2nd. That each of the said sets will contain two instruments for crushing the stone, viz. two percussors with teeth, and the others with scoops.

3rd. That all of these Instruments forming the eight sets, will bear the BARON HEURTELOUP's initials.

If you feel inclined to comply with these conditions, BARON HEURTELOUP has kindly promised to furnish you with all the necessary instructions, in order that the Instruments made by you, may be precisely the same as those used by him.

I remain, Sir,

Obediently Your's,

G. BENKHAUSEN.

London 26th Oct. 1837.

From the 29th AUGUST to the 20th SEPTEMBER, 1837.

Total	248	337	199	423	192
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Dictionnaire abrégé de Thérapentique, by
— Szerlecki, M. D.

Medico Chirurgical Review, by James Johnson, M. D.

British and Foreign Medical Review, by
M. A. Forbes and Connolly, M.D.

Edinburgh Medical and Surgical Journal.

**Medical and Surgical Journal, weekly,
by Dr. Ryan.**

CONTINENTAL AND BRITISH
MEDICAL REVIEW,

OR

MONTHLY THERAPEUTICAL JOURNAL

DECEMBER 1, 1837.

On the SPASM of the GLOTTIS.

By J. B. KYLL.

Symptoms, course, duration, termination.—Spasm of the glottis, which carries off so great a number of children, generally attacks them from their fourth to their twelfth month; yet M. Hugh Lee, and Kopp, have seen it in children of four years old; and M. Alex. Hood in those already aged five or six.

The disease is particularly characterized by difficulty in the respiration, which may determine asphyxia; it mostly occurs during the night, and though sometimes preceded by a slight cough, there is generally no forerunner. The infant, after sleeping quietly for some hours, awakes suddenly in great terror, utters a piercing shriek, immediately followed by suffocation; sometimes, and indeed most usually, suffocation commences, and the shriek is only heard when respiration is re-established. This shriek bears some resemblance to that which accompanies croup, or whooping cough, but it is more acute, more piercing; it seems as though it could be produced only by contraction of the glottis, and when it has been once heard it is impossible to mistake it; and having so peculiar a character, it may be considered as a pathognomic sign of the disease.

The child makes violent efforts to breathe; throws back its head and body; is either of a bluish red, or quite discoloured; the eyes are prominent and fixed; the nostrils extended; the limbs contracted and cold; the pulse small, hard, and frequent; violent fits of convulsions sometimes come on; the action of the sphincters is arrested, and involuntary evacuations take place.

When this state continues beyond two minutes, the child is carried off during the attack; and it is impossible to rely on M.

Fingerhuth's assertion, that children have recovered after attacks that had lasted eight or ten minutes. These facts would be in direct opposition to those related by M. Ley, Corrigan, myself, and all practitioners; and it is certain that a child cannot have its respiration suspended during so long a time. Death takes place by asphyxia and apoplexy; sometimes it seems caused by the cessation of the nervous fluid.

When the fit ceases, before two minutes have elapsed the respiration is gradually restored, but convulsions, strabism, stiffness of the limbs, still persist; sometimes all the symptoms disappear immediately; the child is pale, fatigued, but breathes freely, recovers its cheerfulness, and then falls asleep; at other times, and mostly when the attack is preceded by a cough, the young patient is again seized with a convulsive cough, like that of women in violent hysterical fits.

In whatever manner the fit terminates, the child is soon restored to health, and for some time nothing seems to threaten a return of the disease; but then new attacks come on, and the intervals between each are gradually shorter: at first, these attacks only occur in the night, and without any apparent cause; soon they appear in the day, and are induced by a number of circumstances, screaming, passion, laughing, running, or eating; they then become very frequent, as many as twenty attacks in twenty-four hours have been seen. In more fortunate cases, the fits are at a greater distance; they lose their intensity gradually, and the disease, after lasting several months, even several years, completely wears off; yet there always remains a fatal predisposition to relapse. There is no example of the malady being confined to a single attack.

Etiology.—The spasm of the glottis may occur, and has been observed in children with the best constitutions and in full health, but it is mostly common among weak, scrofulous, and rickety children. M. Marsh often observed it in children who had intermittent fever; John Armstrong thought that irritation of the gastro-mucous intestinal contributed powerfully to it. But these indications are vague and not well founded; we think the determinate causes of this affection may be reduced to four: these four causes appear to us special; and it is only by their knowledge and appreciation that we can reach a rational and efficacious treatment.

A. *Inflammation of the brain or its membranes*, must be placed on the first line. M. John Clarke was the first who remarked that cerebral affections in children often coincided with spasm of the glottis, and Gœlis considered it as a characteristic sign of chronic hydrocephalus. In his *Practical Treatise on Diseases of Children*, Vienna, 1834, t. ii. p. 142, he says: "At the commencement of hydrocephalus children often have convulsions; when they scream, or cough, they suddenly turn blue; the limbs become stiff, the body and head are thrown backwards, respiration is suspended, and when restored, its return is ushered in by a piercing shriek. These

ymptoms increase in number and intensity with the encephalic affection, and sometimes become fearful: I saw two children attacked with hydrocephalus a short time after birth, and both died from the effects of suffocation."

These symptoms described by Goëlis are those of the spasm of the lottis, and the following case admits of no doubt on the subject:—

CASE 1.—William F——, the eldest child of healthy and robust parents, was suckled by its mother, and enjoyed the best health until the age of six months. At this time he was attacked with a *porrigo scrofulosa*, for which an old woman recommended an ointment containing a preparation of lead. The cutaneous affection disappeared rapidly, but other fatal symptoms soon came on, and I was called on the third day of their appearance, viz, the 28th of December, 1833. I found the young patient in a comatose state; the occiput was burning, the face pale, the skin dry, the eyes constantly shut; the pupils had no particular characteristic, the pulse was normal, but the carotids beat violently; the tongue was white, the urinary secretion not profuse, the respiration free. The child threw back his head and left arm, and its screams would have induced a belief that he had colics, if the abdomen had been hard, but it was soft, and pressure gave no pain; he would not take the breast; when forced to swallow a few drops of milk, he threw them up again immediately. He had been in convulsions several times during the day.

My diagnosis was an encephalic inflammation, probably determined by the repercussion of the cutaneous affection, of which the scalp had been the seat; and I prescribed calomel internally, leeches on the basis of the scalp, cold applications on the head, frictions with stibiated ointment, on the parts affected by porrigo.

3d. January.—Calomel induced some evacuations, but no improvement took place. More leeches; digitalis and nitre internally.

5th January.—Violent convulsions. During the night the child appeared suffocated; respiration was completely suspended; the face turned blue; the head was thrown backwards, and the mother had lost all hope, when a piercing shriek terminated the spasm. In a few minutes the child fell asleep. Calomel. Stibiated ointment more energetic.

The 7th.—Convulsions equally intense; but during their absence the child was better than the preceding day. The fits of suffocation came on several times in the twenty-four hours.

9th.—The convulsions less frequent and less energetic; the same disorder in the respiration continued.

10th.—Stibiated ointment brought out pimples on the scalp; convulsions had nearly ceased; and only one fit of suffocation came on during the night.

16th.—All the symptoms had disappeared; the pimples followed their natural course; and in two months the child was quite well.

B. *Inflammation of the cervical portion of the medulla* may also

give rise to spasm of the glottis. Dr. Corrigan, of Dublin, has shewn this in his clinical lectures, and relates many cases, from among which we have selected the following:—

CASE 2.—A child, four months old, who had always been in good health, suddenly became uneasy, cross; he often cried, and during the night shrieked without any apparent cause. At the end of the week a fit of suffocation came on, which lasted half a second; the child turned blue, and seemed dying, when after an acute shriek, the respiration was restored; these fits came on frequently, and lasted from six to eight seconds. At the end of two months new symptoms appeared; the hands were convulsed; the thumbs were bent in the palms of the hands, while the other fingers were bent the contrary way; general convulsions came on once a week, then every day, then twice in the four-and-twenty hours.

Three months passed thus; the disease made rapid strides; and all the remedies employed had produced no result; calomel, emetics, anti-spasmodics, had been tried and given up: at this period it was remarked by chance, that the child scarcely ever moved its lower limbs, and this fact led to an examination of the spinal column. The skin had everywhere retained its natural colour, and the spine was not durated or deformed, but on reaching the third and fourth cervical vertebra, the young patient uttered a piercing shriek. Four leeches were immediately applied on the part; a few hours afterwards a fit of suffocation came on; it was weak and of short duration. Two days later four leeches were applied, and produced a miraculous effect. All the symptoms then disappeared, and did not return during eighteen months afterwards; the child enjoyed perfect health, and we have not seen him since.

Cerebral affections are often found to produce epilepsy, and physiology shews the influence of the medulla on the respiratory apparatus. As to the inflammation of the spinal chord, it may be easily induced in children by external violence, too great pressure, a fall, &c., owing to the want of thickness of the soft parts, which in early age cover and protect this region.

C. Alteration of the lymphatic ganglia of the neck and chest often produces crowing inspiration; the child feels suffocated; respiration is arrested, and is only re-established, when a piercing shriek is heard. This shriek, which some authors have compared to the crowing of a cock, evidently results from a contraction of the glottis; once heard it can never be forgotten. When the fit, which always comes on at night, is violent, the head and trunk are thrown backwards; the face is pale and convulsed; the eyes fixed and turned; the limbs contracted, &c.

Some time before any English author, Hufeland had signalized the frequency of spasm of the glottis in scrofulous children, and had given to this disease the name of pulmonary catalepsy.

D. Hypertrophy of the thymus is the fourth cause which determines the spasm of the glottis. M. M. P. Franck and Kopp first

pointed out this interesting pathologic anatomy; but our ignorance as to the uses, mode of development, and disappearance of the gland, has left many doubtful points. Thus, is hypertrophy of the thymus congenital, or is it always acquired? Which are the physiological connexions uniting this alteration to lesions of the heart, by which it is so often accompanied, dilatation of the right cavities, hypertrophy of the left ventricle, &c.? It is impossible to answer these questions in a satisfactory manner, and it is very desirable for every practitioner not to neglect any opportunity of taking cases which may aid their solution.

However this may be, it is evident that hypertrophy of the thymus, like that of the lymphatic ganglia, only produces spasms of the glottis, by exercising pressure on the ninth pair of nerves; and to this cause Alexander Hood, Berinenge, J. H. Meckel, and Haugsted, have attributed acute hydrocephalus, which so often complicates this affection. On a post-mortem examination it is found that the thymus is principally developed in the upper part, and extends frequently to the jugular veins; it is then easy to understand, that the obstacle thrown in the way of the venous circulation of the head causes dropsy, the mechanism of which has been fully explained in the works of J. P. Frank, Abercromby, Andral, and Bouillaud. The following case appears to us worthy of notice:—

Jean de F——, born of healthy though weak parents, was quite well till he was six months old; he was cheerful, took the breast with avidity, and seldom cried; the parents had remarked, but without attaching any importance to it, that his tongue often hung out of his mouth. One night, after sleeping quietly during five or six hours, the child awoke suddenly with all the symptoms of spasm of the glottis; the attack only lasted a few seconds, and the child fell asleep; the following day it was as well as usual. The ensuing night a fresh attack; and from that time the attacks came on regularly every night; they soon came on during the day, were longer, more violent, and soon became very frequent; eating, laughing, crying, gave rise to them. The parents attributed these symptoms to dentition, and as in every other respect the child appeared well, they paid but little attention to them.

The 24th of December, 1833, two months after the first fit, the child had a violent attack in the night, followed by convulsions, which lasted more than an hour; I was called; the carotids beat strongly; the head and precordial region appeared painful on pressure; the occiput was warm. I applied leeches on the sub sternal fossæ; ice on the head; a blister on the chest; and calomel internally: the fits of suffocation continued as usual, but convulsions only came on the third of January.

The 5th, convulsions very violent; urine and alvine evacuations scarce; the skin very dry.

The 6th, the disease made fresh progress; the cheeks are red;

the eyes prominent; the child after vomiting fell into a comatose state. Leeches, sinapisms on the legs.

The 7th, the child passed a bad night; convulsions and fits of suffocation succeeded almost without interruption; the hands were closed convulsively; the pulse filiforme. The child died the following day.

Post-mortem examination.—The cadaverous stiffness was well marked; the hands were closed, and the hands were with difficulty brought straight; the eyelids and nostrils were covered with thick white froth; the great fontanelle was flattened, and there was great convexity of the chest; After carefully raising up the sternum, I discovered the thymus, which covered nearly all the anterior part of the chest, extending from the larynx to the diaphragm, from one costal edge to the other. The lungs and pericardium were entirely concealed by this enormous mass, which weighed thirteen drachms and four grains, and which compressed the jugular veins at their origin. Above them these vessels were evidently dilated, and contained, as well as all the veins of the neck, a great quantity of thick black blood. The lungs were but slightly developed, yet perfectly healthy; the trachial artery, examined in every ramification shewed nothing pathologic; the right cavities of the heart were pale and soft; the left ventricle was on the contrary, thick, and larger than usual; the foramen of *botal* obliterated. The head well formed; the suture united; the large fontanelle still membranous. The sinus filled with thick black blood; a number of little dark red spots were found in the brain, resulting from the division of the vessels; the lateral ventricles contain five drachms of bloody serosity; the choroid plexus are strongly injected. After taking away the encephalic mass, there was a discharge from the skull and the canal of the rachis, of about three ounces of brown serosity. The marrow was healthy; all other organs in their normal state.

It is certain that in this case hypertrophy of the thymus was the primitive affection; it was that which first brought on the fits of suffocation; and later on, acute hydrocephalus, of which the convulsions were but a symptom.

We shall terminate what relates to hypertrophy of the thymus by a few words on the diseases that some authors have endeavoured to attach to it, which were noticed by E. Joery, and described under the name of *Atelectasis*. By reading with attention the observations related by this author and by Kopp, it becomes evident that atelectasis is formed by the persistance of the fatal state of the lung, which necessarily causes death by suffocation. But does atelectasis necessarily bring on the anormal development of the thymus? That is a subject which it is impossible to describe, and which is but of little importance to the present subject, as we have only considered hypertrophy of the thymus in connexion with spasm of the glottis.

Diagnostic.—The diagnostic is generally easily established; the spasm of the glottis could only be mistaken for—

1st. The *hooping cough*, when the fit of suffocation is accompanied by cough; but the sudden apparition of the symptoms during the night without prodromus, the *complete* suspension of respiration, absence of cough, and vomiting, would soon put a stop to the mistake.

2d. *Cyanose*, which is only remarked in very weak children, is preceded by groans, tears, uneasiness; the lips are blue; the young patient seems to prefer lying on his back; the suffocation is less violent and not accompanied by any shriek.

3rd. *Croup*.—The characteristics of these two affections differ materially, and could only be mistaken during a fit; in this case the nature of the shriek, and the normal return of the voice and respiration, would soon shew the spasm of the glottis.

4th. *Millar's asthma*.—This disease, but little known, is connected with bronchitis, and accompanied by special symptoms.

5th. *Suffocation*, which in some children succeeds prolonged cries, or passion; but the circumstances which preceded and gave rise to the attack, the normal state of the pulse, the absence of cold in the limbs, fainting, and a particular scream, evidently distinguish it.

6th. *The atelectasis of Joery*.—This affection follows birth immediately; suffocation is fatal, and unaccompanied by any scream.

It is more difficult, and not less important, to establish signs by which we may recognize the cause of the spasm of the glottis, and we shall strive to do so for the four etiologic classes we have considered as most certain.

A. When the spasm of the glottis is determined by an inflammation of the brain or its membranes, by chronic hydrocephalus, the cerebral symptoms necessarily appear first, and the fits of suffocation only take place when they have attained a certain degree of intensity. Suffocation follows the same course as the encephalic affection, increasing or diminishing with it.

B. When the spasm of the glottis is connected with inflammation of the medulla, there is generally a part which is painful on pressure in the cervical region of the rachis; suffocation has been preceded by pain on the same part; convulsions only take place in the thoracic limbs if the child has had a fall; if subjected to external violence the knowledge of these circumstances shews the diagnostic.

C. If the affection results from hypertrophia of the ganglia, it is only seen in individuals of a scrofulous constitution, and not generally before the first year, sometimes much later; it is frequently accompanied by cough, derangement in the digestive functions, and is preceded by continual dyspnea; by putting the child's head backwards, the hypertrofied cervical ganglia are nearly always felt.

D. Is it possible to recognize hypertrophy of the thymus? Fingerhuth assures us that he has succeeded by the aid of auscultation. The respiratory murmur is not heard on a level with the gland when

it passes its normal size. But this negative sign has been found in a number of children who were in perfect health. I do not grant a higher value to the opinion of him who depends on the possibility of distinctly hearing the pulsations of the heart on the right side of the chest. There is also an external tumour, mentioned by Allan Burns, at the part where the thymus is covered by the fascia cervicalis; and the sterno-hyoidiens and sterno-thyroidien muscles has not yet been ascertained by any other observer. The following symptoms appear to me better established:—

Children feel a sort of dyspnea, the attacks come on mostly while they are lying on their backs; striking the thymic region a dull sound is heard, which Grof very properly compared to that presented by the liver; the tongue often hangs out of the mouth, even during sleep; and if this latter symptom be not constant, as we are assured by Kopp, Graf, and Kornmaul, it was at least of sufficient value, as it has never been observed but in cases where spasm of the glottis was induced by hypertrophy of the thymus. When the disease is complicated by acute hydrocephalus, the fits of suffocation constantly precede the apparition of the cerebral symptoms.

Prognosis.—The prognosis is always serious, as one single attack of suffocation, if it be prolonged beyond a certain time. However, attention must be given to the age and constitution of the patient, the cause that gave rise to the disease, and its complications; the disease is equally subordinate to these different circumstances.

Nature.—Although spasm of the glottis, considered in its own nature, is but one of the symptoms of a disease which may vary in its seat and in its essence; it should nevertheless appear in the nosologic tables, under the same titles as epilepsy, hysteria, convulsions, &c. It seems that the nature of the symptoms that we have described, their mode of apparition, their intermittence, their course, gave sufficient authority to place the disease to which they belong among neurosis, even when the pathological facts, observed by Ley, Merriman, &c., did not justify this classification. In all cases the constant state of perfect integrity of the lungs, the larynx, the trachea, the bronchi no longer admit that implicitly expressed by the denominations of pulmonary plethora, pulmonary apoplexy, suffocating catarrh, &c.

Treatment.—The treatment of the spasm of the glottis presents two distinct indications.

1st. To arrest by the use of the most efficacious remedies the attack of suffocation, which if prolonged may cause death.

2d. To combat the cause which may induce a return.

The resources in the first case are very few. Lay the child on its abdomen; the head elevated, and tap it gently; rub the chest and extremities with flannel or strong liniment. When the blood flies to the head recourse must be had to cold applications, sinapisms, and blisters; in some cases, leeches behind the ears, or in the sub-sternal fossæ, become necessary. The practice advised by

Graf, of blowing air into the mouth, would not be followed by any result, as the occlusion of the glottis opposes the progression of this fluid; phlebotomy of the jugular vein, and tracheotomy, proposed by Ley, might be more efficacious, if the time required for these operations did not cause delay. It must also be added, that it is not easy to decide on the latter; besides which, the medical attendant is seldom present when the attack comes on.

When respiration is re-established every precaution must be taken to avoid all causes that may give rise to another attack; thus all sensations that may either induce immediate joy or grief, violent running, too much eagerness at play, or any *effort* of deglutition, must be guarded against. We shall not give any particulars respecting inflammation of the membranes of the medulla, hypertrophy of the lymphatic ganglia; it is well known, and shews nothing very particular. But we shall briefly mention the means that can be opposed to the anormal development of the thymus, as these means are not generally known.

In the actual state of our anatomical and physiological knowledge, on the thymus it is evident, that the curative essays have only been obtained by means of empiricism; I shall therefore be content to indicate the results, which may reasonably be expected, and which have already been obtained.

Graf and Husch proposed a treatment nearly similar to that of Valsalva for internal aneurism; they recommend the child being weaned and kept very low; and they think that if the hypertrophy of the thymus be not obtained, at least its development may be arrested. We are by no means of this opinion; such a system appears to us dangerous; the most serious symptom in this disease is spasm of the glottis, which is evidently a nervous phenomenon, and the more the patient is weakened the more irritable is the nervous system. This same consideration should cause us to reject blood-letting, continual purgatives, advised by the same author. The narcotics recommended by some authors are of very doubtful efficacy, and their use always dangerous with children; they act too powerfully on the nervous system, and determine cerebral congestions, which has been proved by the cases related by Wagner and Leppich. Some practitioners, comparing the thymus of the glands to the ganglia, have had recourse to certain medicaments having a specific action on the lymphatic system, such as calomel, Plummer's powder, hemlock, iodide, burnt sponge, &c.; but is it possible to lay the foundation of a therapeutic system on anatomo-physiologic opinions that nothing has hitherto justified? and are there not more rational indications that it would be well to follow?

Experience has led me to adopt the following treatment, which has always proved beneficial:—

The young patient must not be allowed to lie on its back; it must be carefully guarded from the cold and damp; and made to take moderate and regular exercise. If the child be strong, ple-

thoric, its vigorous constitution should be moderated, but never weakened; if on the contrary it be weak, sickly, and pale, it should take strengthening nourishment and tonics.

There is but little hope of acting directly on the thymus; arresting its anormal development, and causing it to disappear must be the work of nature; yet preparations of zinc, copper, small doses of calomel, ipecacuanha, seem to favour its decrease, and as these means are at all events free from danger they should not be neglected. A blister on the chest often proves beneficial.

For convulsions the treatment must be regulated on the constitution of the child and the symptoms existing. If the young patient be strong and plethoric, the head warm, the face red, if the carotids beat violently, leeches are advisable, ice on the head, derivatives on the extremities and intestinal canal. If on the contrary the patient be weak, pale, and the pulse small, no blood must be taken; then injections of valerian, asafoetida, musk, and aromatic baths, will produce excellent effects.

On WHITE SWELLINGS, (*Continuation.*)

CLINICAL LECTURES, BY M. VELPEAU.

FUNGOUS ARTHROPATHIA.

Treatment.—It is now the proper opportunity to examine minutely the therapeutic means proposed for white swellings. It is useless to say, that the treatment of capsular arthropathia should be modified according to the age, sex, and constitution, and the different degrees of the disease.

Thus, all things equally considered, local and general sanguine emissions should be employed with more caution for children and women than adults and men. It is the same for subjects of a lymphatic constitution, or those persons who have been weakened by any particular disease.

Before we have recourse to external irritants, the nervous state of each individual must be considered. Purgatives, and internal irritants should only be used with discretion, if not quite given up for those, whose stomach and bowels are naturally or through disease, in a state of manifest irritation. But all this relates only to questions of pathology and general therapeutics; we shall, therefore, enter immediately into the examination of the therapeutic of capsular arthropathy.

If the disease originate in external violence, and the patient be adult, robust, and in good general health, in the first instance, one or several bleedings will be found adviseable. Cupping, or a certain number of leeches are then applied to the affected articulation. I

shall not here discuss the value of what has been brought forward in the present times as to depletive and revulsive bleedings; and on the smaller or greater number of leeches. All that has been said on the subject is unworthy of any serious attention; but it is well to consider whether it be preferable that they should be applied *on* the affected part, or *near* it.

When there is real pain in the articulation, experience has proved that leeches produce the best results, from being placed on the seat of pain. This concentration must always be suited to the extent of the affected part. If the articulation be scarcely painful, and that there are no where internal signs of phlegmasia; perhaps, if local bleeding be necessary, it would be better on the adjacent parts rather than on the joint. It is the only case in which this method may be considered preferable to the other.

What we have said of leeches is also applicable to cupping. This treatment, so common in England, is not sufficiently in use with us; but as it appears less suited in *capsular arthropathia* than in deeper affections, we shall give further attention to it. During this first period, the articulation must be kept in perfect repose; a bath, of an hour's duration, to be taken every two or three days; soothing poultices to be applied to the articulation, and the patient will take vegetable diet, soothing beverage, and all the precautions necessary on such occasions. Later on, general bleeding, leeches, cupping, and the usual antiphlogistic treatment, but only after the indication of some symptoms, or coincidences or complications; for unless the disease be not in a very forward state, there is seldom a complete cure, without the combination of other means. The resources that remain are local or general means; among the first may be classed the efficacy of resolutive, salves, blisters, moxas, setons, pressure, hot irons, massage, and shower baths.

A. Resolutive ointment.—Among the ointments that have been much boasted of, there are three, of which we have several times made trial; they are ointments of hydriodate of potassium, iodide of lead, and mercurial ointment.

The unguentum of hydriodate of potass.—Used as frictions, morning and evening, on white swellings; is a useful auxiliary when the disease acts exclusively on the soft parts, if not accompanied by pain, or any symptom of suppuration; but it may be asserted that, alone, it is an insufficient remedy, and even prejudicial, unless under the circumstances mentioned. It does not, therefore, merit much confidence in the species of disease to which we allude.

The same might be said of *ointment of iodide of lead*, which was much extolled by M. Cottereau, if it had not the property of being more resolute, and less exciting. It has been shewn by numerous facts, that this ointment dissolves swellings which have resisted hydriodate of potass, and exposes less to erysipelas, and the exa-

cerbation of chronic phlegmasia. It would be wrong to give too great a degree of confidence to it in the treatment of arthropathia. It is indicated in the same cases as the ointment of hydriodate of potassia.

Mercurial ointment.—Commended by Bell, who caused the diseased articulations to be rubbed for an hour or two in the morning and evening, is a more powerful remedy than topical iodurates. If the patients be young or delicate, the ointment should be less strong; and an equal quantity of lard should be added. With the exception of these contra-indications, we make use of simple hydrargic ointment. The affected part should be rubbed morning and evening, during twenty minutes, and the portion of salve used should be about the size of a nut; and twenty minutes to an hour for each friction; the frictions are more or less prolonged, according to the degree of irritation existing in the articulation. If there be inflammation and pain, they are transformed to simple unctions; in this case, a large quantity of salve is requisite, and three or four applications per day are made. If the tumour be cold, and free from pain, prolonged frictions, according to B. Bell's plan suffice; after repose, baths, local or general bleeding. After debility, this topical application seems the most energetic, and really efficacious. In external arthropathia, in simple capsular arthropathia, and in fungous arthropathia, their use must be long continued, associated to baths, and their influence on the interior of the mouth watched. It must, however, be allowed, that it seldom suffices when the disease has made progress.

B. *Large blisters.*—In the treatment of white swellings, blisters have ever been considered efficacious; these revulsives applied near the tumour, or at some distance from it, are but uncertain in their effects. Placed on the articulation, cures have been really effected; and most practitioners employ them in large numbers, but of small dimensions. According to the common method, each blister is nearly as large as a crown. One is applied inside, another outside; one above, the other below the affected articulation, and so on successively. Applied in this form, they are most useful in a number of cases; but innumerable essays have proved that the blister may become much more efficacious in another shape. Instead of the dimensions indicated, a single large blister, covering the whole articulation, and passed about an inch beyond the limits of the swelling; this method does not cause more pain than any other. Its action on the urinary passages is not much increased; it might be moderated by the addition of a certain quantity of camphor. However large the blister, we have not yet seen it produce feverish re-action; and the changes it determines in the articulation are sometimes extremely remarkable. We have employed it more than 200 times within five years, and we may affirm that, in no case, it has appeared to increase the disease; while it has been mostly impossible to doubt its efficacy. We

may depend on its power, whenever the folds placed between the capsula and teguments are alone affected; whether merely in a simple lardaceous state of the tissues, or whether there be any infiltration of the diseased fluids in the cells. The chronic phlegmasia of the capsula does not yield speedily; the fungous arthropathia itself so tenacious, is powerfully modified by that means, when the hard parts are not morbidly affected; but the arthropathia, with sero-synovial effusion, gives way in a surprising manner, after the application of large blisters.

We have seen excellent effects produced by enormous blisters. We first prescribe a bath; the following day, a large blister, which is taken off twenty-four hours after its application; if the tumour be not very irritable, we advise the epidermis being taken off; in the contrary case, we merely make incisions in it, in order that the serosity may escape. In all circumstances, this denuded surface should be covered with blotting paper and salve; this dressing renewed every morning, dessicates the suppurative surface in the course of a week. The patient is then left quiet as long as the tumour decreases; but when the resolution seems arrested, a second bath, and a new blister should be prescribed as before-mentioned. The first effects of this topical application is, to soften the tumour, and render it more fluctuating; sometimes the volume of the tumour decreases immediately, but it mostly remains stationary; seems to increase during two or three days, and it is only after the dessication of the blister, that the capsula is entirely voided.

CASE.—Within the last four or five years, every patient with diseased articulation, has undergone the same as this treatment. We shall relate the case of a young man of nineteen, who came from the country, and who for eight months had a white swelling of the knee. The articulation, which was double the normal size, shewed all the characters of fungous arthropathia with considerable effusion of synovial serosity in the capsula. Resolutives, and internal means had been tried, without producing any good effect. We applied a very large blister, and, at the end of a week, the tumour had decreased nearly half. A fortnight afterwards, we ordered another blister, and no other medication, and the young man, whose articulation was bound round, was in six weeks perfectly cured.

CASE.—An English servant had a very large swelling on his knee; he had suffered from it within the last ten months; every thing had been tried to cure it. The capsula was much distended, and seemed to reach the third medium of the thigh, extended to the tibia from below, and was largely extended on each side of the calf of the leg. The protuberances, the fungous aspect, the deep fluctuation, indicated serious arthropathia. A blister, a foot long, and ten inches wide, was applied on this vast tumour; the blister was renewed three times in five weeks; and in the space of two months the knee was restored to its natural size.

We had, some time since, a woman, whose case was so remarkable, that it was given as subject for a lesson to one of the candidates for the chair of clinical surgery, then vacant.

This patient's knee was larger than the head of an adult, covered with protuberances, and having all the characters of fungus articularis the most developed that can be imagined. Both judges and candidates were of opinion that the case was beyond all resource; and that amputation alone could relieve the patient. Yet two immense blisters sufficed to resolve this enormous mass, and reduce the knee almost to its normal dimensions. Only the capsula freed from the fungosities and fluids causing the distension was too large; articulation never recovered its primitive solidity, so that the leg could be moved backwards and forwards, at will.

Were it necessary, we could bring forward many other cases, in support of the treatment of these diseases by blisters.

The large blisters, as well as small ones, may be advantageously combined with the other means previously indicated. Thus, hot baths, bleeding in the arm, and the application of resolatives, may be employed according to the indications.

The cautery and moxas have not been so frequently used by us as blisters and resolute ointment. Their action is very slow, and we should have recourse to them only when other means fail. They are more useful in deep arthropathia than in the arthropathia of which we now treat. It is true, however, that two cauteries, or two moxas, placed beyond the limits of the articulation; and that others seated near the surface of the tumour might do good, if the disease were of longer standing; if the tumour were indolent, of fungous aspect, and with irregular protuberances. On the whole they appeared to us better calculated to complete a cure, already in a forward state, than to bring it on in the first instance.

What we have said of cauteries and moxas is still more applicable to setons, so much lauded at the commencement of this century. To pass a seton through the capsula, as some have presumed to devise, is attended with real danger; placed at some distance, either above or below, it acts as cauteries or moxas, and is not entitled to any greater degree of confidence.

D. Pressure. — Pressure is a remedy that has been too much neglected in modern times. Having, from 1816 to 1820, witnessed its good effects, as applied by M. Bretonneau, at the hospital, at Tours, we hastened to show its efficacy in the hospitals in Paris; since that period, pressure has found numerous partizans; indeed, as is more commonly the case, its value has been enhanced. Some practitioners have carried it to an extreme, and thus prevented it becoming general. It is not pressure, to a high or low degree, from 1—2—3—4, or 5 degrees, that has been absurdly recommended, to which we allude, but methodical pressure, more or less strong, according to the state and form of the diseased region. This pressure is made either with a roll of linen, or laced gaiter. The

roller is preferable, as means of treatment; the gaiter more convenient, as a preventive or preservative. If the articulation be so voluminous as to conceal the osseous protuberances, a roller suffices to establish suitable pressure. When any hollow places exist, they must be filled with lint, and so disposed as to enable the roller to press equally on all points of the articular surface. This pressure should be equal, moderate, and commence beneath the diseased region, and prolonged or diminished a few inches above; it is then gradually increased more or less rapidly, according to the degree of irritation it appears to produce on the parts; it does not prevent the use of resolutives; and we have frequently combined its use with that of small blisters; suitably applied, and carefully watched, it is adapted for nearly all species of arthropathia of the soft parts.

A modification, of which pressure is susceptible, and that seems of great utility, consists in rendering it permanent and immoveable. Thus, when the articulation is restored nearly to its natural size, and that there is reason to fear its swelling again; it is a powerful remedy to bandage it so, that it may remain during one or two months, subjected to pressure. This is effected by fastening each fold with starch, and then a roll of paste board. The whole is thus moulded on the tumour, and when the bandage is dry, the patient may rise and walk without fear, for the articulation is forcibly immoveable, and it is almost impossible for it to swell again. Within the last twelve months, we have employed pressure of this kind to eight different patients, and all have done well.

It might also be possible to compress white swellings by bands of diachylon plaster, as in ulcers of the legs. This mode of dressing has the advantage of acting mechanically, and, we also think chemically in *engorgemens*. We have more than once used it, and found it successful; but as it is expensive, and requires more time and precaution than the other bandage, its use will probably be much circumscribed in medical practice.

Cauterization with red hot Iron, so commonly employed in the times of Marcus Aurelius Severin, and that Perry lauded in our own times, is now scarcely ever used. It is true, that all patients are against it; it has something frightful, and in some cases it does not prove more efficacious, than the means precedingly examined. It is, nevertheless, certain, that in some varieties of arthropathia of the soft parts, it might be essentially useful. For instance, it is desirable in all cases where resolute ointment, blisters, moxas, and compression, are indicated; indeed, it would serve better than any of these means, to terminate the cure of fungous arthropathia, whether general or partial, with sero-synovial effusion. We have seen it employed at Tours, by M. Gouraud; at Paris, by M. M. Richerand and Cloquet; we have had recourse to it; and M. Jobert has done the same. Long strokes, made with a red hot iron, one or two inches distance from each other in the diametral lateral direction of the articulation, with slight lateral

cauterizations, in the shape of fern leaves, brought on the resolution of swellings and effusion, which had resisted all other means; and from the cicatrization of the sores produced by fire, the capsula is drawn up with such force on the bones, that the cure becomes quite radical. This method is not therefore to be rejected, and should be proposed to the patient when all other means have failed.

There is nothing to say of champooing or shower baths that has not already been related by other authors, they are accessories not to be neglected, but to which no great power can be attributed.

Internal treatment.—The internal treatment of the soft part, comprises a large number of different medications. We shall not enter into what has been said of soothing beverage and all other rational means generally known; our intention is to relate what experience has taught us as to the value of substances, boasted of in a special manner by some practitioners, such as mercurial preparations, colchicum, or some salts of barytes. We have also tried on a number of patients, emetic in strong doses, and continual purgatives; but as these means have hitherto only attracted slight attention, and have not given any result worth encouraging new trials, it is useless to say more about it.

Mercury given internally.—For some time past mercury employed as a purgative has been much lauded in England, but this indication has found but few partisans in France. It is only since the publication of Mr. O'Beirn's work, that we have enquired, how far calomel might be useful in the treatment of white swellings. This practitioner relates facts which are of a nature, to inspire the greatest confidence or the most serious doubts. Taking his assertions literally one would suppose these *arthropathia* of several months or even several years standing, acting at the same time on the soft and hard parts, having all the characters of an advanced disorganization, whether of the wrist, the knee, or the tibio-tarsian articulation, have been followed by cure in the course of one or two weeks by this method. If a correct idea has been formed of the state of the parts, in the description of diseases indicated by M. O'Beirn, it is difficult to admit the possibility of a similar cure, by any sort of remedy in so short a time, and most reflecting men have been inclined to think, after an examination of the facts related by the Irish surgeon, that he had mistaken the cases, or that his observations were not exact. However this may be, the treatment he so much lauds, being very energetic, requires to be tried with the greatest caution. We hastened to employ it, and with an increased degree of pleasure, as since 1828, we had often used a medication nearly similar to that of Mr. O'Beirn. Thus we had often prescribed, and with success, in arthropathia of the soft parts, a mixture of calomel, rhubarb, and ipecacuanha, so that the patient took from four to ten grains of calomel, and rather more of the other substances, in the twenty-four hours, during several day consecutively, viz. Calomel from vj. to x. grains, ipecacuanha xij. to xx. rhubarb xxv. to xxx. The whole to be

mixed and divided in four parts. But wishing exactly to follow, M. O'Beirn's indications, we prescribed as much as 10, 15, 20, and even 24 grains per day, adding from one to four grains of opium. In each of the patients the effects of the medication have been rapid; nearly all have had colics or alvine evacuations, more or less abundant; at other times the effects of the mercury have been evident at the mouth; salivation came on, the 2nd, 3rd, or 4th day; some patients however have neither had diarrhea, or salivation, although we continued the calomel in doses from 10 to 15 grains in the twenty-four-hours, during eight or ten days; as soon as the intestinal functions, or the mouth, indicated in a particular manner the action of the mercury, we suspended it. By these means we have obtained the following results. In arthropathia with hydartrose without alteration of the hard parts, and without fungous degenerescence of the capsula, we have seen the disease improve rapidly, and the articulation almost entirely cleared in the space of one or two weeks. When the capsula was very thick, whether externally or internally, most of the patients have been relieved, but the improvement has not continued, and it has been necessary to have recourse to other means to complete the cure. In painful arthropathia which is recent, or shewing other inflammatory symptoms, strong doses of calomel, carried even to salivation, has nearly always modified the disease; except in these cases, mercurial treatment has only produced uncertain results, sometimes even disadvantageous ones: so that calomel is now employed by us in the following manner. We sometimes employ it in recent arthropathia accompanied by sero synovial effusion, when we dare not make use of local or general bleeding, and in ancient arthropathia when present in the shape of hydarthrose. Mostly and nearly always in arthropathia with effusion, thickness, degenerescence of the capsula, we combine it with external means. Thus we employ it at the same time as sanguine emissions, iodurated ointment, large blisters, and compression, and all other topicals of which we have already spoken. We generally prescribe ten to twelve grains of calomel with two grains extract of opium, to be taken every four-and-twenty hours; the following day the patient takes 15 to 18 grains, if there be no colic or diarrhea, in the contrary case, we continue the same dose, or countermand it if there be any reason to fear its effects.

Whether salivation be manifest or not, towards the fifth or sixth day, in the interval according to the indications, we have recourse to cupping, or leeches, or resolute ointment, or large blisters or compression: if the mouth be not affected we recommence the treatment at the end of a week, and act in a similar manner during a month.

With these precautions, and in the circumstances indicated, strong doses of calomel should be administered. The efficacy of this medication cannot be doubted, the chief objection to it, which

is salivation, is of less consequence, since we have employed powdered alum to stop phlegmasia of the inside of the mouth.

Preparations of Barytes Barytes, so much lauded in the last century by Crawford, and in later times by a number of practitioners in lymphatic affections; has become a sort of panacea with many surgeons. For some time past a parisian quack has professed, either in political journals, or by advertisements, to cure scrofula, or white swellings by the aid of carbonate of Barytes. In Germany, and in Italy, it is rather the muriate of this substance, which has had its course in materia medica.

It has been there put in practice according to the contra stimulant method, that is in high doses. Although muriate of barytes has been tried in white swellings in Denmark, and all other Northern countries, according to the principles of Rasori, there are however no new partisans in the present day; most Italians had given up its use, when M. Pirondi again lauded its advantages at Paris, and ended by finding some advocates in the hospitals of the capital. We have already tried it on more than twenty-five patients since 1835.

Wishing to conform to the precepts of the Rasorian School, and that of M. Pirondi, we have given muriate of barytes in doses of 4 to 6 grains, in four ounces of distilled water, during four or five days. We have also prescribed 12, 15, 20 grains, and have thus reached to 40 grains in twenty-four hours. Several patients have taken some during one or two months; some have felt nausea, colics, diarrhea, to such a degree, that we were compelled to suspend the use of this medicament during several days, not to expose the gastro intestinal functions, to general derangement. Others have not felt any effect from it. Many have been able to become used to it. Hitherto the results obtained have been but little satisfactory. In fungous arthropathia and in all those affecting the soft parts in general, this remedy has appeared more efficacious than calomel. We shall find that in arthropathia of the hard parts, its efficacy is not more evident. The success attributed to it is probably due to the vegetable diet with which it is associated, to the weather, and the slight cases in which it is employed.

It is so much the more necessary to remain in doubt as to the efficacy of this remedy, as the cases published by M. Pirondi are not accompanied by sufficient details to enable the reader to judge to what sort of lesion the author applies it; and that those cases, since collected in the practise of one of the surgeons in Paris, are too vague and incomplete to have any value. This medication is to be judged as if nothing yet had been said on it. However, it can be employed better than calomel, combined with the different sorts of external means of which we have spoken. It takes up the attention of the patient and thus gives time; and as in many cases of arthropathia repose and time are the chief elements of the treatment,

under this title superficial observers may be deceived, and the ignorant misled.

We have not yet employed preparations of iodide sufficiently often to be enabled to judge it, besides we fear its action on the digestive tubes.

Arthropathia of the hard parts.—As we have already said, this second species of arthropathia offers different varieties. It is either seated in the incrustated cartilages or in the bones. Arthropathia whose seat is in the cartilages, is worthy of fixing our attention. Relying on the ideas of Bichat, nearly all practitioners have described the diseases appertaining to a supposed synovial membrane of the cartilages to the cartilages themselves, as if for the other organic tissues of the economy. Thus it is found in nearly all authors that such a disease of the articulations is constituted by inflammation, or thickness, by ulcerations, or any other organic and vital lesion of the synovial membrane of the cartilages. On this point we cannot argue with the generality of surgeons. In the first place there is no synovial membrane on the surface of the cartilages; then we do not affirm that the cartilages of incrustation are not susceptible by themselves or primitively, of any sort of inflammation, thickness or ulceration. As in reality they only form scabs not vascular, they become diseased in a secondary manner, or else in a similar manner to inorganic bodies, as hair, nails, epidermis, the enamel of the teeth, viz. mechanically or chemically. Yet it would be wrong to deny the existence of the disease described by Sir Benjamin Brodie. This author has only mistaken the origin of the affection he describes. The presence of these vegetations or fungosities that have been remarked on the surface of the cartilages may be explained in the following manner. 1st. They either depend on fungous parts primitively established on the surface of the bones, which being successively detached, elevated and destroying the cartilage, have led to the supposition that this species was comprised in the transformation. 2nd. Or else these fungosities were but the result of an effusion of plastic lymph, organized round the synovial surface of the bones, and then prolonged even inside the articulation. In both these cases it is possible with great attention, to find cartilaginous substances, moveable like foreign bodies in the midst of vegetation. Sometimes there are thin layers on their free surface, which are still adherent as in their normal state, to the tissue of the subjacent bone. We have often seen that the cartilaginous heads of the denuded bones or in accidental sores, or in the disarticulation, disappear insensibly by separation, or use, or dissolution; but they never become vascular, nor inflamed, nor thickened but by imbibition. We repeat that, the incrustated cartilages which have been designated, under the name of synovial membranes of the cartilaginous surface, are not susceptible of any primitive organic disease.

Arthropathia depending on use, and on mechanical alterations

are met with principally in old people, in those who walk a great deal.

Cartilages are susceptible of being bruised, or crushed. Falls, blows, external violence so directed as for the two bones of the articulation to press firmly against each other, may bruise or even crush the incrustated cartilages. In other cases, pressure obliquely directed, detaches or destroys more or less of the incrustations, and separates them more or less completely from the interior of the articulation. In such cases it is clear, that the alteration of the cartilages must derange all the movements of the joint, and give rise to the affections caused by the presence of a foreign body.

This variety of arthropathia is shown by the following symptoms. If the individuals be not advanced in years, the primitive cause will be found in over walking, a fall, or external violence. The patient at first feels pains in the articulation before there is the slightest swelling; these pains only come on at certain moments and in certain positions, and disappear in others; at times they are extreme, the patient falls; hysteria is also caused by it. In immobility these pains, that the pressure of soft parts do not increase, are entirely removed; but they return on the slightest movement or friction. The pains are more or less acute, according to the depth of the rugosities of the cartilages, and particularly when the surface of the bones is more or less denuded.

Prognostic is more serious here than in arthropathia of the soft parts, but less so than in that of the bones. It is serious because the destruction of the cartilage is irreparable. It is less dangerous than that of osseous arthropathia, because the alteration being purely mechanical or chemical, organism in general does not receive any deep attack.

Under similar circumstances the cure is seldom perfect; but it is sometimes obtained by means of one of the varieties of ankylosis.

The treatment of arthropathia of the cartilages differs in more than one respect from the treatment precedingly indicated. It is only as an exception that general bleeding is employed; it is the same with iodurated and mercurial ointment; in this case compression is of no avail; at all events the treatment is very long; that which best succeeds consists in keeping the limb perfectly quiet, and stretched on a board made for the purpose, or in the starched apparatus. Small blisters, moxas, cauteries, red hot iron, are good as revulsives, or derivatives. Internal medications, whether with preparations of iodide, colchicum, or barytes, or mercury, are also indicated; so that to resume, the arthropathia of the cartilages requires—

1st. Immobility of the diseased articulation.

2d. Blood-letting if the state of the circulation requires it.

3d. The trial of calomel, or colchicum wine, in strong doses during one or two weeks.

4th. Muriate of barytes during a month.

And then under the title of topical applications, blisters, moxas,

cauteries, setons, transcurrent cauterization; to which must be added suitable regimen, common baths, or shower baths.

Arthropathia of the bones.—Bones shew in articular heads all species of disease they can offer elsewhere; consequently, we must expect to find caries, and necrosis, fibrous, schirrous, encephaloid, tuberculous hydatid, colloid degenerescence, &c. But for the subject that occupies us, we have only to refer to these different diseases in their connexion with the articulations. The affection in similar cases commences either by the surface or parenchyme of the bones.

If arthropathia commences by the osseous surface, it offers two shades, which must not be mistaken in practice; or else it is the incrustated region of the cartilage which is at first the centre of the alteration; or else the disease is established from the commencement at the circumference of the upper osseous extremity, beyond the limits of the cartilage, without being outside the articulation. Whether there be simple osteitis, caries, necrosis, or any other lesion, the symptoms are nevertheless nearly the same.

The cartilaginous arthropathia often terminate by osseous arthropathia, but this latter may exist without the former. But then the surface of the bones is vascularized, softened; the cartilage which covers it is detached, raises up, shrinks more or less; by degrees, this osseous surface is covered with vegetations, fungosities, which occupy one or more parts; sometimes the totality, and which rather resemble the fungosities of ulcerated surfaces of a bad nature. It is above these fungosities that there are carious, necrosed, tuberculous, fibrous, cancerous points, or the traces of simple osteitis.

The disease arises sometimes under the influence of an external cause, sometimes by the effect of concealed or internal causes. In the first instance, the patients feel dumb pains, which become acute, if they make certain movements, but which even persist in the most perfect repose. The swelling is only developed very late; and when it takes place it is as in arthropathia of the cartilages by the effect of a liquid effusion in the articulation, rather than by the thickness of the soft parts. When the disease is more advanced, the interior of the articulation becomes so tender, that the least movement makes the patient scream; that when in bed the slightest touch of the covering, or the least infliction cause the most excruciating pain. The unhappy patients then centre all their attention and care on keeping the affected articulation motionless. What most torments them is the spasmodic action of the muscles; they cannot master them; then the unequal weight of the bone, which puts them in the impossibility of avoiding even the slightest pressure on the articular surface.

These observations, however, are but applicable to cases of osseous arthropathia corresponding with cartilaginous incrustations. Externally the disease acts nearly as in the continuity of the bones. It is the external and internal part of the periosteum surrounding the articular capsula, which becomes diseased, or a portion of

the bones lined by this part of the fibrous envelop. Here the pathologic alterations may be the same; but as the altered part is foreign to the pressure on the bones, during the movements of the articulation, the accidents resulting are not so serious. There will be pain apparently less deep, which pain will evidently be increased by pressure, near the articulation; but motion will only slightly add to it; there will be less to fear from the spasmodic contraction of the muscles, and the patient's rest will not be so much disturbed.

In all cases, if the disease has lasted a long while, and pus exists, the cartilages often disappear by dissolution, without fungosities on the bones, so that the top of the articulations have a smooth aspect. While on the contrary, whenever the disease breaks out by the parenchyme of the bones, it first exists under the simple form of osteitis, caries, necrosis, tuberculous affections, fibrous or cancerous degenerescence; that is to say, that the articular head is liable to all the diseases of the osseous tissue in general. When the affection is developed under the influence of a particular constitution, or any other specific cause, whether it depends on any external cause, or any exterior violence, it is always easy to distinguish them from the arthropathy precedingly indicated.

The patients are warned by a sort of intermittent dumb pain, generally more fatiguing at night than in the day, and often more acute during repose than when the limb is in motion. The part becomes *heavy* and *weak*, but the motion of the limb remains free; no signs of effusion remain in the cuticle. If swelling ensues, it is difficult to ascertain it. It is well understood, that in this variety, it is rather a question of disease of the frame, than of arthropathia. It may even be said, that at the commencement, the disease is foreign to the articulation.

Later on, the arthropathia of the parenchyme of the bones, offers still more easy symptoms, differing according to the sense in which the affection is propagated. Thus, whether it be caries, necrosis, &c.; whether it be osseous suppuration, tubercles, or cancers, it is evident that the disease may be propagated; sometimes on one side of the cartilage, sometimes on the other; at other times, towards the circumference of the osseous extremity.

In the first case, the symptoms of osseous superficial arthropathia arise; the cartilage is detached; the pains become very severe; an effusion is formed in the articulation; and all the affections of which we have spoken arise.

In the second case, the pains remain dumb; they may become lancinating without ceasing to be deeply seated; will increase towards the middle region of the limb; however acute they may be, they cannot prevent the exercise of the articulation. It is only after a considerable time, that swelling and protuberances indicate exostosis, and reveal the precise nature and seat of the disease.

When, instead of being propagated in the direction of the axis of the diseased bone, the affection is towards the circumference, it breaks out under the periosteum, which is in contact with the synovial capsula, and then completely enters into the class of superficial osseous arthropathia; sometimes it reaches the summit of the osseous circumference beyond the limits of the fibro-synovial capsula, which is then made evident by hard lumps, painful on pressure, situated at the circumference of the diseased bones, while the articulation remains free, and without effusion. The pains here are increased by pressure on any point, and all the adjacent parts remain indolent under the same species of exploration.

The prognostic of osseous arthropathia is always serious, but varies according to the intensity of the disease. In short, tuberculous, cancerous, scorbutic affections, will ever be more serious near the articulations, than simple caries, and the degenerescences that may ensue. But this gravity depends, in these cases, on the lesion, not on its seat. The superficial osseous arthropathia is, all things equally considered, more serious than deep osseous arthropathia. Superficial osseous arthropathia corresponding with the incrustated cartilages, is much more fearful than that corresponding with the circumference.

The first, almost necessarily induces the detachment and destruction of the cartilages; suppuration is nearly inevitable, and the functions of the limb are suspended, if amputation be not imperative. In periphery only, the periosteum, or the fibro-synovial capsula are consecutively altered, and as the articular surfaces rubbing against each other, remain in a healthy condition, the disease may, in some cases, be prolonged to an indefinite period, or totally disappear, permitting the joint to recover its natural functions.

As to deep arthropathia, it is infinitely more serious when near the cartilages of the articulation than in any other case. Reaching the cartilages or synovial cavity, there is the same danger as in superficial osseous arthropathia; and as there is a mass of tissues affected, no cure seems possible, unless the altered part be removed by phlegmasia, or the aperture of the articulation; while if the malady follows one of the other directions, individuals bear it two, four, eight, fifteen, twenty years, without much inconvenience. Only exostoses, with inflammation and suppuration, sometimes break out in the shape of abscesses; the patient is then better; a fistulous ulcer comes on, is closed occasionally, or else always discharges, till some other phlegmasia occurs. At length the necrosed fragments and tuberculous parts come from the osseous parenchyme, the ulcerations are then modified, and become cicatrized.

It is certainly true, that far from being circumscribed, or removed by organic effort, caries, necrosis, or any other alterations of the parenchyme of the articular surfaces, may extend more and more, and become worse; but it is not less true, that with time, it is the species of osseous arthropathia most frequently cured.

The therapeutic of osseous arthropathia is by no means advanced. Often inflamed by the general state and other diseases of the patient, it requires the strictest attention in the hygienic point of view, as well as with regard to general medicines. Thus mercurial treatment must be prescribed if there be any remains of a syphilitic affection. Sudorifics, sulfureous baths, shower baths of all descriptions; quinine, bitters should be tried, when different treatment will have been employed to cure the venereal disease. Scorbutic, cachectic, tuberculous affections, the state attributed to scrofulous disease, would require a regimen and medicinal treatment which we have not space now to name. As diseases of the bones, this sort of arthropathia necessitates the same treatment as the preceding; thus general bleeding, if there be reaction in the circulation; cupping; above all, leeches, (provided the age and constitution of the subject permit) are desirable and should often be renewed; resolute ointments are but of little use. If iodurated or mercurial salve be employed, a slight addition of opium should be added,—small blisters have also their utility, but as revulsives; however they must not be insisted on; compression is useless; soothing poultices, either simple or sprinkled with extract of acetate of lead, or laudanum should be preferred when the symptoms of inflammation and pain decrease. Moxas, transcurrent cauterization, cauteries kept sometimes in the neighbourhood of the diseased parts are more efficacious than all other arthropathias. Repose, so necessary when the affection occupies the superficies of the bones, is by no means requisite when the parenchyme is affected, and it is only recommended when it affords relief to the patient; baths, vapour baths, mineral baths, are desirable in such cases, but the best remedy is time and a suitable regimen.

In osseous arthropathia, mercury in strong doses, particularly calomel, produce good effects, but as soon as they induce salivation they should be suspended for a fortnight; and we must add, that these means, useful in osseous superficial arthropathia, seem to be prejudicial in deep osseous arthropathia. In this case, preparations of barytes do not seem to merit the slightest confidence. The same may be said of iodide and its compounds, which may be employed only to gain time.

All degrees of arthropathia in the hard parts may be followed by purulent collections in the articulations. These diseases cause reaction, diarrhea, heat, shuddering, in fine, a sort of purulent fever. If the whole articulation be thus invaded, the only remedy is amputation. But in some cases these purulent seats are in isolated parts, or in the shape of lumps, at the periphery of the articulation. The first idea is then to give issue to the pus, but the opening of similar abscesses alone constitutes a serious question. Experience proves, in fact, that in opening an abscess communicating with the cavity of a large articulation, there is fear of enduring all the affection of acute purulent arthropathia, and consequently in endangering the life of the subject. If on the contrary, the purulent seat be

connected with any alteration of the osseous parenchyme, without continuity in its interior, and that of the articulation, the opening is by no means dangerous.

On the treatment of BLENNORRHEA by Lint, and the instrument destined to its introduction in the urethra.

By M. MALGAIGNE, *Paris*.

URETRITIS having passed to a chronic state, or to blennorrhea, is one of those affections against which therapeutic, whether medical or surgical, has exhausted all its resources. Among the various means recommended for the cure of this affection, astringents introduced into the canal of the urethra, and put in contact with its surface, are those among which may be numbered the greatest share of cures. But it unfortunately proved that this success is only temporary, and a blennorrhea which appears quite cured by a few astringent injections, may reappear the following week with the intensity of blennorrhagia, on the least irritation, or the least excess at table. In order to ensure a cure there must be great perseverance on the part of the surgeon, and determination on that of the patient.

Why this difficulty in curing an affection apparently so trifling? Why this diversity in the effects of the same medicament, or in medicaments of the same nature?

If we reflect on the manner this treatment is applied, it would be easy to see that thence arose the whole cause of this difference in the results. In short, it is by means of injections that the different astringents are conveyed to the canal of the urethra; while when employed in a solid state, it is by means of a catheter well covered with substances reduced to powder: now it is evident, that by means of this introduction the contact of medicinal substances with the diseased surface of the urethra is but of short duration.

If the patient be of a good constitution, young and robust, and the discharge be recent, the apparent cure will be suddenly obtained, but will be long in an individual of a bad constitution, and whose disease is of some standing. Besides the effects of these medicaments must be null or nearly so when conveyed in powders; as the catheter advances into the canal the powder is rubbed off.

There is another inconvenience inseparable from this mode of introducing medicinal substances in the urethra; it is the continued contact of the diseased surfaces. It is evident that this contact in an irritated surface must either increase its intensity, or at least keep it up, either by friction, or from the secretion of the morbid liquid. The existence of blennorrhagic ulcerations is no longer doubted, and this state of contact is by no means favourable to a

cure. If theory were not sufficient to prove the fact, observation admits of no doubt; thus, for example, balanitis is followed by speedier cure with individuals whose glands are uncovered, than those with a long and narrow prepuce covering the whole of the gland: besides, the cure is easier when lint is introduced; for instance, between the prepuce and the gland, than when there is direct contact between the two surfaces: we do not see why the same thing should not happen in a membrane of the same nature, with the same sort of inflammation.

These reflections have led us to realize the idea of leaving in the canal of the urethra the medicaments there conveyed, and at the same time to keep the irritated surfaces apart.

This idea is by no means new, as it is long since bougies made of therapeutic substances have been left in the canal of the urethra; but these bougies are seldom used but in cases of stricture, and their mechanical action, as means of dilatation, are alone depended on.

A memoir on a new mode of treating strictures of the rectum, consisting in the introduction of lint, was published not long since, and we have thought the same means might be used for affections of the urethra. If, for instance, lint imbibed in the proper medicament were introduced into the urethra, all the disadvantages we have pointed out would disappear; the applications might be frequent, and the irritated surfaces would be separated. The instrument we have suggested, and which has been made by M. Charrières, is a hollow catheter, six inches and a quarter in length, two lines and a half in diameter, open at both extremities, and having a slight curve at the inferior extremity; the inside of the catheter has a metallic stem, terminated at one of the extremities by the lint pincers, with the angles rounded, and on the other, by a larger opening, so as to be well adapted to the lower aperture of the catheter and to close it; it must, however, be sufficiently long to pass beyond the half inch. The upper extremity, or pavilion of the catheter, has a screw fixing the steel at will.

The application of the instrument is as simple as its construction; its extremity must be covered with the lint imbibed with the necessary substance, placed inside the catheter, and the screw turned, so as to prevent it passing the level of the inferior aperture of the catheter; salve is rubbed on the end of the instrument, and it is introduced as a common catheter. When sufficiently forward the screw is loosened, and the steel is held by the right hand, and the catheter with the left; it is then drawn out about half an inch; then taking with the fingers the part of the urethra in which the lint has been left, the stilet is drawn away; then the sound, while one hand presses on the length of the urethra to prevent the lint coming out.

The application we have described may be modified according to the will of the practitioner; thus if there were reason to fear that

notwithstanding the salve, the end of the catheter might injure the urethra by the edges of the aperture, the catheter might be introduced first, closing it with the end of the stilet, and the lint might be after that put in, and the stilet may or may not be fixed by the screw.

This catheter may serve either for males or females; for the latter, the lower extremity of the instrument must be closed by the ovoid end of the stilet and fixed by the screw, which is afterwards taken out to give issue to the liquid. This catheter is superior to the common ones on account of the continuity of the surface.

This catheter may also be used for introducing alum in cases of stricture, in M. Jobert's treatment.

3rd. As dilatator in cases of difficult stricture.

With this catheter the stricture is reached, even if there be already dilatation; by pushing the ovoid end of the stilet there is almost a certainty of following the axis of the canal, and avoiding a false road where it is most to be feared; that is, before the stricture.

Therapeutic considerations on continued and intermittent NEURALGIA.

By REVEILLE PARISSET.

If there be a disease in which acute and continued pain exhausts the suffering patient, it is assuredly what we term neuralgia; this correct opinion announces the predominant exclusive system, but conveys no idea of the disease itself. On this point, it must be said pathology is reduced to the most obscure notions, and to the most uncertain results. If we ask what is neuralgia, we are told it is a painful irritation of the nerve; but if we ask what determines this irritation, we have no satisfactory reply.

I am of opinion that in most neuralgias the cause is not sufficiently looked to, and that too much attention is given to the predominant phenomenon of pain. I know that in many cases this cause is quite obscure, but it also happens that in certain cases we reach this cause by an attentive investigation, and the indications thus become very evident.

I could relate many facts in support of these assertions; I shall be satisfied with the two following:—

M. B. felt a violent neuralgia of the left sub-orbitary nerve; no pains were taken to seek the cause; when the patient suffered, attempts were made to calm the pain, but nothing more. The natural consequence was that these pains lasted often a month or six weeks, and in a cruel manner, for they were scarcely calmed ere they came on again. A physician having been consulted, he made

careful inquiries as to the previous state of the patient, and learnt that he had twice been affected with the venereal disease, which in all probability had only been treated superficially; he made this observation, but it was thought ill founded:—1st. Because the anti-venereal treatment had lasted a long while. 2d. Because another symptom showed that the neuralgia had a syphilitic principle. 3d. This principle being permanent why did not neuralgia always exist? Notwithstanding these objections the physician persisted in his opinion, the patient went through a regular course of medicine, and was completely cured of his neuralgia.

I was consulted about six weeks since for a lady who suffered from frontal neuralgia at each menstrual period. This fact was easily accounted for by the general organic perturbation that takes place at this period, which has sometimes an influence on the mind, besides a peculiar nervous excitation. However, as the pain was very acute, and neuralgia came on with desperate constancy, I obtained more precise information, and learnt that this lady, whose menses were very profuse, thought to do well in moderating them, by steeping linen in cold water and applying it on the vulva and hypogastrium. I made her understand the danger of this practice; she gave it up, and her neuralgia was cured.

In intermittent, or remittent neuralgia, the patient has always a standard, if we may so term it, or an indication which cannot be mistaken, that of arresting the attacks as soon as possible. We have here very active means of cure, and yet how many times salts of quinine have proved unsuccessful, either from a special disposition of the individual, or for the cause of the disease, which remains concealed. The following case displays this fact in a striking manner:—A courier, forty years of age, of a robust and active temperament, but nervous and irritable, had an attack of intermittent facial neuralgia; the pain proceeded from the right ear, from the zygomatic arcade, and extended to the forehead and orbit of the same side; the attack was very painful, commenced about ten in the morning, and only ceased towards evening; there was then a sensation of heaviness in the head, which disappeared after two hours sleep; leeches were applied, then blisters, then sulphate of quinine in strong doses, and the disease was cured.

The ensuing year this neuralgia reappeared with the same degree of intensity. The same means employed were not successful; the sulphate of quinine, though given in large doses, did not stop the attacks; attempts were made to combat the disease by new therapeutic means; an abscess was formed in the oral conduit of the diseased side; the abscess broke and discharged a foreign body; and it was a *pin*, which the patient remembered having put in his ear when eight years old, and he was unable to extract it. Since its issue the neuralgia was cured. This authentic case gives rise to almost inexplicable phenomena. How could this foreign agent remain so long without causing any pain? and the cause being per-

manent, how could neuralgia be intermittent? and further, how could neuralgia be at first cured by quinine, and this same medicament fail the next day? These questions must remain unanswered. Similar facts are not uncommon. I believe Fabrice de Hilden relates the history of a young man subject to apoplexy, who was completely cured of this fearful malady, after the expulsion of a small glass ball that had remained in his ear for several years. We have also seen schirrous tubercles developed in the tissue of the same nerve, yet the pain was intermittent.

However this may be, the therapeutic of intermittent neuralgia finds in quinine a powerful medicament: the chief point is to administer it methodically, by which I understand,—1st. To give it under favourable circumstances, and to seize a proper time for its administration. I have seen intermittent neuralgias become chronic, and quinine cease to have any effect. 2d. The doses must be suddenly increased, as though it were question of a bad intermittent fever. It is my custom when I prescribe sulphate of quinine, also to order injections of a strong decoction of quinine; these means I particularly recommend, because the results are always beneficial; besides, it is well known that an injection of any medicament in the rectum is always followed by speedy absorption: at times, and particularly in cases of nervous sur-excitation, I add a few drops of laudanum to the injections of quinine. Few neuralgias but what are removed by these means, well combined and administered promptly; and yet the following case proves that it is very difficult to arrest the paroxysms of this cruel disease.

M. B., widow of a medical man, had in 1833 a violent attack of coryza, after which an intermittent frontal neuralgia came on: the sulphate of quinine not having succeeded more than the quinine injections, I increased the doses, and applied at the same time, a blister, sprinkled with quinine, on the right temple, so that the economy was saturated with quinine; the patient at last grew better, and care was taken to continue the medicine.

This case reminds that *quinine injections* were some years since advised by M. Hip. Cloquet, as being most efficacious in arresting cerebral fevers in young children; I strongly recommend them, and that they should be seconded externally by mercurial frictions on the vertex and rachis, and internally by calomel, from which I have obtained far more advantageous results than by profuse bleeding and application of ice on the head.

Solution to prevent a Recidivus POLYPUS in the NOSTRILS.

By M. LISFRANC.

THE extirpation of polypus in the nostrils is one of the most simple operations, yet its success often depends on the acquaintance with

some minute practices, a description of which is not found in books, and which are only learnt from experience. Three persons have lately undergone this operation at *la Pitié*. When polypi extend into the posterior nares, the forceps must be long, have small points, the insides of which are rough, to prevent their slipping from the peduncle. The exploration of the nostrils by the finger is also most important, yet seldom meeting with the attention it deserves; the transversal diameter of the finger corresponds in its introduction with the longitudinal diameter of the nostrils, without which the penetration is difficult and useless. Of all diseases polypi is that in which recidivus most frequently occurs; not because those which have been extracted have not been completely taken away, but because new ones were found. Near the voluminous polypi there are on the mucous membrane a number of small ones, not bigger than a pin's head, which grow rapidly, the more so, owing to the irritation of the mucous pituitary. The only remedy for this recidivus is the following solution, conveyed to the posterior nares by means of a camel-hair pencil:—

Strong decoction of red roses, four ounces.

Sulphate of zinc, three drachms.

This astringent we can safely recommend.

BLISTER on the HEAD.

Hôpital de la Charité. M. MIQUEL.

THE blister on the head is an energetic medication not used sufficiently often; employed in suitable circumstances, it offers to the practitioner one of those resources so rare in therapeutics, and that no other can replace. Sufferers may by these means be recalled to life. A case now under M. Velpeau's care at the *Hôpital de la Charité*, brings to our recollection all those we have had an opportunity of observing, and we feel it a duty to draw the attention of our brother fellow-practitioners to this subject.

A woman of fifty was brought to the *Hôpital de la Charité*; she was in a deep comatose state; perfectly insensible; small pulse; she had epileptiform convulsions, paralysis of the left arm, and swelling of the teguments of the skull; death seemed inevitable.

Two days previously to her entrance, this patient had fallen down stairs backwards; she struck her head, was taken up almost lifeless, and had remained in this state several hours; she had no medical assistance. M. Velpeau caused her head to be shaved, and a blister placed on the scalp. Six hours after this application, life seemed to be restored, the pulse rose, respiration became more easy, and before the end of the day the patient opened her eyes, and seemed to be aware of what was passing around her. The following

morning she spoke, complained of thirst, and sat up for a minute alone on her bed. Convulsions ceased, and her cure is hoped for; the paralysis of the left arm continues.

The happy change that took place with this patient is by no means uncommon; we have witnessed similar instances from the application of a blister on the scalp, after accidents of the same kind as the one above mentioned; and this practice is now established, when after a fall or convulsions, a comatose state ensues, indicating pressure on the brain; and when relief is not obtained by bleeding, and the usual derivatives, the best, and perhaps the only means of saving the patient, consists in applying a large blister to the scalp.

I remember once seeing a little girl of twelve years old watching a bird; she was looking out of a window, lost her balance, and fell from a first floor into the street; she pitched on her head, and was taken up senseless, and supposed to have been killed on the spot; medical aid was sought; a vein was opened, but no blood came; leeches were applied on each side of the neck, sinapisms on the legs, and cold applications on the head: yet at the expiration of four-and-twenty hours the young patient was in the same state of insensibility, she had not recovered her senses. Her head was then shaved and a large blister put on the scalp; as soon as the blister rose the young patient opened her eyes, uttered a few cries; shortly after she spoke; she recovered her senses very shortly, and in a fortnight was quite well.

Another interesting case was that of a young married lady, who was in the family way for the first time; she had reached the eighth month of her pregnancy when she fell into violent convulsions; she had been in this state an hour before we were called; her face had a cadaverous aspect; her tongue was firmly fixed between her teeth; the eyes were fixed and motionless; the pulse imperceptible. Every half minute a violent convulsion affected all the muscles of the face; if this state continued it was evident the patient could not last; she was by my desire placed in an empty bath, and streams of water poured on her; the convulsions increased and she seemed about to expire; they, however, gradually ceased. The lady was put into a warm bed; her body was very cold and in a state of complete resolution. Up to the next evening, that is, thirty hours after the patient had given no external signs of life, the pulse was better, and the body warm; there was no movement; and as the body was placed on the previous day so it remained. The state of insensibility was so great that she had been delivered of a still-born child without being conscious of it; the infant was well formed, and was a first child. It was then thought adviseable to have the lady's hair cut off and the head shaved; a large blister was applied on the scalp, and the next morning the patient had recovered her senses; her eyes were open; she was able to make herself understood; she gradually recovered; and we think this cure was due to the two

violent remedies we were compelled to resort to—cold water and the blister.

The cases here related shew in what circumstances blister on the head is indicated. In cases of coma, stupefaction, general collapsus, caused by congestion or cerebral commotion, whatever may be the state of the teguments, when all other remedies prove useless the blister should be attempted. When there is imminent danger we should struggle to the last; the observations we have related prove that even in extreme cases the medical attendant may still hope.

Are there any other pathologic states in which we may have recourse to blistering the head? M. Velpeau has employed it at the commencement of meningitis, but I must allow that it would require a number of well authenticated facts to induce me to prescribe this medication at the beginning of this malady; but at an advanced period of convulsions in children, this remedy is very efficient, and should be resorted to when all other means have failed; that is, when blisters have been applied to the neck, energetic derivatives on the inferior limbs and the intestinal tube, cold water on the head, as related in the preceding case.

It has been seen that in four-and-twenty hours blister produced the desired effect, and it is useless to keep it on more than two or three days. But it is not the same in chronic diseases of the head, for which I equally recommend these means; namely chronic hydrocephalus: in this case the sore must be made to suppurate for two, three, or four months. I treated a child for hydrocephalus, of two years and two months old; the fontanella were not more closed than at the moment of its birth; the child began to have convulsions. Owing to a blister being placed all over the head and kept dressed during three months, the symptoms of pressure disappeared, the patient took rather more nourishment, and recovered his strength. This child, who was by many physicians considered as lost, was only saved by the blister, which reabsorbed a great quantity of the serosity contained in the ventricles. Nevertheless, the child grew slowly; at four years old he was unable to walk, his limbs were thin; he is now eight years old, in good health and spirits, but has only lately began to articulate a few words; he had hitherto a language of his own, which his parents could alone understand. We hope these cases, which are new, may prove useful to our readers.

ANALYSIS OF BOOKS,

TRAITÉ PRATIQUE de la PHTISIE LARYNGEE,
par Messrs. TROUSSEAU and BELLOC.

IN the first number of our review, we gave an analysis of this work, which the Royal Academy of *Medicine* thought worthy of the medal. We need not have returned to the subject, being persuaded that our readers must have the highest opinion of this work, from the analysis we gave. Yet we recommend attention to all that concerns the application of liquids or powders, or solids, on the membrane of the larynx.

Topical Medication.—"When a simple or ulcerous inflammation becomes chronic," say Messrs. Trousseau and Belloc, "and is confined to any particular point, it is certain that it generally resists the best species of treatment." Topical treatment, on the contrary, viz. that consisting in the direct application of medicaments on the affected parts, nearly always modifies it, whatever the medicament may be in other respects. Thus, the most serious ulcers in the throat, the mouth, the nose, the eyes, the skin, the vagina, the uterus, the rectum, etc. etc. are more or less happily modified by topics applied to the surface. These topical applications are sometimes soothing, sometimes deterrent, sometimes irritable, sometimes they destroy the surface of the organic lesion; some are by vapour, others powder; some are liquid, some gaseous, others solids.

If now we were to ask an account of the difficulty we find in curing the local lesions, for which the anatomical disposition of the parts prevent the use of topical medication, besides the facility with which we may in general modify external diseases, we could not fail to believe that the difference depends entirely on some parts being inaccessible; others, on the contrary, accessible to our medicaments. We, therefore, thought that, if diseases of the larynx were in general so severe, and difficult to cure, it is because they are placed in the first category we have mentioned.

If, therefore, means could be found to do for the larynx what is done for the canal of the urethra, for instance; the means of applying topical medication to this important organ, we ought to open new roads to the therapeutic of laryngeal affections, and shew how to remove diseases that have hitherto been considered incurable. We are not deceived as to difficulties caused by the functional impotence of the larynx; but we have accommodated our medications to the exercise of respiration; and we have brought forward several new methods, and obtained results to which we shall call the attention of the faculty.

The problem to be solved was as follows:—

To find the means of putting in contact with the mucous membrane of the larynx, medicaments in the shape of dry vapour, damp, as a liquid, or as a powder, without being any obstacle to respiration.

The problem given seems to have been solved by the authors in the most satisfactory manner. The work is essentially practical, and should be found in every medical library.

EDINBURG DISSECTOR, or SYSTEM of PRACTICAL ANATOMY, for the use of students in the dissecting-room; by a Fellow of the College of Surgeons in Edinburg. **BAILLIERE**, London—**RICKARD**, Edinburg—pp. 665.

The study of man is composed of three distinct branches of the same science. The first treats of the constituent parts of the animal economy; the second treats of the phenomena, and of the acts of life; the third treats of the alterations of the organs, or of the functions. The knowledge of the first is indispensable for the study of the others; there is no physiology, nor any good practical medicine without the knowledge of anatomy. A good book on this particular part of the science of man is very useful, and may be considered as the fundamental stone on which is built the edifice of medical science.

The book we have to peruse, is divided into fourteen parts. The first part relates to the bones and articulations; then the dissection; the muscles of the back, of the arms, the thorax, and its contents, and of the inferior extremities are well explained. The study of the abdomen, of the head and neck, fill ten chapters: two other chapters explain the dissection of the nervous system, or the vertebral organs, and of the nerves separately.

The organs of the senses, the anatomy of the arterial of the venous system, and of the lymphatic system, complete the entire study of human anatomy. A glossary, which will be found of great use to students, is appended to the work. The manual is clear, simple, and probably written by a practical anatomist. We feel disposed to recommend it as one of the best we have seen.

VARIETIES.

PARIS AND LONDON.

PARIS. --AFTER two months' vacation, the medical schools, hospitals, and learned societies, have resumed their usual occupation. Some members of the faculty, men of considerable merit, tired of the part they are destined to play, and of the secondary position in which they appear placed by society, are turning their thoughts towards Parliament. Their example will probably be followed. The medical profession, which has so strong an influence on society, requires to have its representatives among legislators, and particularly at a period when there is a question of the reorganization of the medical profession, and of a law on the exercise of medicine. There should be medical men in Parliament, that they may not be treated as *Parias*, which has hitherto been the case. The members of the medical profession must be made independent of the petty regulations of locality. Every man belonging to one of the highest professions in civilized Europe, who can testify that he has a right to the title he bears, is also entitled to his liberty. Is it not absurd to think that a man who has spent eight or ten years of his life in fitting himself for a profession, is not at liberty to exercise it freely without recommencing his studies? Why should this be the case for medical men only? It is to be hoped that France, whose example has so much weight in Europe, will declare the medical profession free, after having determined on the proper means of ascertaining the validity of the titles of those who assume them; and that medical men will be at liberty to exercise their profession.

We have to deplore the loss of one of the most eminent members of the profession, and who in every respect was worthy of the affection and esteem of his brother practitioners.—The Baron Alibert is no more! Worthy to share the admiration due and granted to Corvisart, Bichat, Laennec, Pinel, Dupuytren,—Alibert had in France illustrated the science of diseases of the skin; he had sought to place the same order in cutaneous diseases as Jussieu did in botany, but botany is the study of organic bodies succeeding regularly; it was possible to put order in the classification of Jussieu, but it was difficult to establish order in cutaneous diseases, originating in disorder, and of which each individuality is not easily classed. The work and classifying of Alibert on the diseases of the skin, have been judged during his life-time, and notwithstanding the reproaches that may have been made him, these works will remain as a monument of what Alibert could do, when this part of nosology was scarcely sketched, and when it was only to be found in Lorry, who had been forgotten. Alibert gave a treaty of medical therapeutics; he thought to free therapeutics from the dark theories surrounding it, and in imitation of Bichat established classes.

He studied the action of medicaments on the tissues, and on vital properties, pointed out by Bichat, and which was then the ruling opinion of the times.

In his work on *Fievres Pernicieuses Intermittentes*, he followed the steps of Morton and Torti, and endeavoured to shew the value of quinine in these diseases. It may be said that Alibert's work was written with a view to propagate this precious medicament.

All Alibert's works have gone through numerous editions. At an advanced period of life when he had lost his wonted vigour, so necessary for the composition of a great work, he brought out his physiology; alone it would have sufficed for the reputation of another, but it seemed unworthy of its author. Yet for this last production of a worn out mind, he seemed to feel almost a parental affection, the affection that a father has for his youngest child. For our own part we remember his conversation in private life, as well as his public lectures; we knew how much his Physiology pleased him. As a tribute, to our master, our friend, it is a delightful task we perform in giving a sketch of this his last work.

Most modern philosophers applying to moral sciences, a spirit of system so justly admired in exact science, had sought to establish on a single fact, all the phenomena of the human heart. Thus Rochefoucault thought to find in *self-love*, the principle of all our actions. Hobbes and Helvetius, supposed this principle to be in self interest. Hutcheson, guided by the example of Plato's followers, attributed every thing to benevolence, Adam Smith supposed all human motives to originate in sympathy.

The author of the Physiology of the passions, had remarked in animal economy four primitive instincts or fundamental laws which govern all living bodies, and in which all human passions originate, *instinct of production, instinct of imitation, instinct of relation, and instinct of reproduction*; thus the work is divided into four parts, the two first form one volume, and the two others the second.

The first part shews that the instinct of preservation is certainly the most powerful nature has bestowed on man, as well as on all beings who share with him the great gift of life; it is predominant in the infant who naturally seeks its nurse's breast; it is manifest in the savage whose industry often surprises civilized man; it is observable in animals, and sometimes with a superiority that might humble our pride; it is seen in plants, several of which givestriking signs of feeling and foresight. It is therefore a general law of nature, and a law ever shewing in various ways the spectacle of the universe.

The author shews the passions resulting from this instinct of preservation, and traces its characters and effects, with remarkable cleverness; egotism, avarice, pride, are considered in a new light; courage is represented as the most natural produce of this instinct, whether it gives ardour to the warrior, or inspires religious zeal; whether it enables the magistrate to fulfil his duties, or supports the resignation of the philosopher.

In the second part, after having proved that the instinct of imitation is a primordial law of the sensible systems; that it influences the economy, and the perfections of living bodies; that all beings

are subjected to it, and that it is inherent to their organization, the author shews the wonderful phenomena of the law of imitation, in individuals, in nations, and in the whole universe, which seems to him but a magnificent spectacle of mutual imitation.

This faculty is developed in man with so much facility and promptitude; it so habitually directs his moral and intellectual faculties, that some metaphysicians have looked on it as a moral sense.

It is the spring of emulation, so useful to the progress of the human mind, to the glory of nations, to the perfection of social order; ambition, which produces the most glorious events, and the most fearful catastrophe; envy, which rejoices at all evil, and grieves at all good; passion, equally fatal to those who feel it, and to those who are the object of it.

The third part shews, that the instinct of relation is that law inducing men to unite in society; it is in nature which has made us sociable, because we are weak and dependent; our happiness, therefore, inclines us to share our wants, our means, our affections; to unite our interest to the general interest, and dispose our hearts to humanity. It has been justly said, that the wicked alone would fly from society; yet this aversion is sometimes among the virtuous; it must then be considered a disease.

The instinct of relation undoubtedly produces evil passions, contempt, vengeance; the love of war, so prolific in misfortunes; but through an advantageous compensation, we also owe to it benevolence, esteem, admiration, pity; treating of this latter affection, which honours greatness, alleviates misfortunes, mingles with our pleasures, and is associated with the blessings of religion, our author introduces a most interesting episode; it is a feeling and spirited description of the plague at Aveyron, in 1628; it shews that pity did more for the sick than all the operations of art.

The fourth and last part.—The instinct of reproduction is relative to the conservation of our species; it is a primordial law of the sensible system; the development of this law leads the author to deep considerations on the means employed by nature to ensure the perpetuity of these works; on the extraordinary variety of these modes of reproduction, and on the mysteries wisely concealed from us. The moral aim of this work, on which the whole of it is founded, has led to numerous invaluable details, that would require too much time to analyze, and that will be found in the chapters on conjugal love, maternal love, paternal love, filial love.

The philosophical episode which terminates this pleasing work, is the banquet of Plutarch with his family; the picture of domestic life is here given, with all the charm of its ancient simplicity.

Alibert had many friends; he made excellent pupils, and his memory will be venerated in the Parisian school, and his recollections will always be cherished by those who, like ourselves, had the happiness to be intimate with him.

LONDON.—At the Westminster Medical Society, November 11,—

Mr. King related a case of ascites, in which he had been induced to employ acupuncture as a means of cure, from the success attendant on that proceeding in some cases of hydrocele. The patient had suffered from symptoms of ascites for some time, for which he had been treated judiciously, but without much benefit, by diuretics. On the 2nd of September last Mr. King called to see him. He was in a state of great mental and bodily depression, his pulse small, varying from 110 to 130; his skin flaccid; the muscles shrunk; the countenance pale and anxious; breathing difficult. The legs were anasarcaous. The girth of his body was four feet eight inches. As he had objection to tapping, Mr. King determined to try the effect of acupuncture. At first he only made one puncture daily, but this producing a decided relief of most of the symptoms, at the end of three days, the number of punctures was increased to three, four, and even eight in one day. The punctures were sometimes made daily, sometimes every alternate day, but a longer interval than this was never allowed to take place. The amendment went on gradually and steadily, the abdomen getting less, and the patient's health and spirits improving. The girth of the body was now only three feet, four inches; and Mr. King hoped the case would terminate in a perfect cure. The proceeding was attended with very little pain; there was sometimes a little soreness the following day. The mode of action of acupuncture might be explained in the following manner:—After the puncture the cellular tissue, which was before flaccid, became filled with fluid, and for the space of three or four hours became tense and œdematous; then, for two or three hours after, this œdema and tenseness gradually diminished. For the next four or five hours absorption took place, and the urine, which was much increased in quantity, carried off the serum.

Dr. Johnson exhibited some morbid specimens, illustrating the the following case, which showed the occurrence of three most important organic diseases in an individual, the nature and seat of which were not suspected during life. A lady, forty years of age, on becoming pregnant five years since, became affected with obstinate and distressing vomiting. The presence of the pregnancy was not unequivocally proved until the seventh month, at which period quickening took place. She went her natural time, and had a fine child, now living, and suffered no more from sickness until last Christmas, though she had been occasionally ailing. At the last-named period, however, the vomiting again occurred as distressing as in the former attack; pregnancy was again suspected, though no other symptom of that state existed. The vomiting was very little relieved by the means employed. Three months since she called on Dr. Johnson, respecting this obstinate sickness. She could keep nothing on her stomach, and was gradually declining in health and strength, with no other prominent symptom, indicative of organic disease. The medicines used only afforded a temporary relief; the loss of health and strength gradually increased, and she

took to her bed, the only symptom of importance being still the vomiting; she had no cough, but complained of a sense of uneasiness at the right side. On Wednesday last, on examining the chest, cavernous respiration was detected on the upper part of the left lung; she still never complained of cough. On examining the body after death, the fat in the integuments of the abdomen was two inches in thickness; the omentum was very large. The lungs contained a number of tubercles in various stages of development. The ileum contained twelve ulcers, some of them with hard raised edges, bearing all the appearances of old standing lesions. The liver was much enlarged, and its interior in such a state of "rottenness" as scarcely to allow of any handling; the preparation exhibited a portion of the exterior part of the organ, and was a fine specimen of "fatty liver." The case shewed the presence of three organic diseases of vast importance, with few symptoms to denote their presence. One of them only was detected a few days before death, by the aid of the stethoscope. The stomach was suspected to be at fault, but this organ was found healthy.

Dr. Addison said that Dr. Johnson's patient perished from the "fatty liver," and not from phthisis; the general symptoms present in the case, as sickness, nausea, and loss of appetite, were those of fatty liver. He had attended a lady who died with similar symptoms, and though she was supposed to be labouring under phthisis, yet there was nothing to be detected in the chest indicative of disease in that region. After death the liver was found to be fatty, and the lungs healthy. This case interfered with the opinion of M. Louis, that fatty liver invariably was a part and parcel of phthisis. Dr. A. had noticed an oily, smooth state of the surface in cases of this kind.

Dr. Johnson said that was the case with his patient.

Mr. Hay then read a paper on the effects which the peculiar character of the circulation within the head has in modifying the Treatment of Disease of the Brain.—Mr. H. commenced by stating that the contents of the skull might be considered as twofold. First. The solid nervous matter, by which the mind communicates with the external objects of nature; and, secondly, the circulating fluid, the constantly received supply of which was necessary to keep the nervous matter in a state fit for the performance of its functions. Effects might be produced on the brain by alterations either in the quantity or the quality of the circulating fluid supplied to it. As examples of the latter, were cited—the torpor produced by the morbidly dilute state of the blood, which occurs in dropsy; the effects produced by alterations in the state of oxygenation; the langour by damp foggy weather, and by ascending lofty eminences,—exemplifying the effects of imperfect oxygenation. While the activity produced by clear dry weather, and the state of drunkenness produced by the inhalation of nitrous oxide gas, exemplified the effects of hyperoxygenation. As regarded the effects produced by alteration in the quantity of blood, the brain being confined in a hard,

bony case, incapable either of enlargement or diminution, and which case is always filled in every part, it is evident that the aggregate amount of blood contained in it must always remain the same. Any alteration, therefore, in the supply (whilst the frequency of the pulse remains unaltered,) must be produced by a change in the relative distribution between the arteries and veins, the enlargement of certain vessels being obtained at the expense of certain other vessels. It is obvious that, *cæteris paribus*, a larger quantity of blood will circulate through the head within a given time, when the relative quantities contained within the arteries and veins is precisely equal, than when any other distribution obtains; should the quantity contained within the arteries be decreased by one-half, for example, the quantity contained within the veins must be diminished in like proportion, in order to make room for the dilated arteries; the veins would only disgorge one-half of their usual quantity, and the arteries would only receive, at each pulsation of the heart, one-half their usual quantity of blood. Hence arose an important division of the diseases of the head, in those accompanied by arterial, and those accompanied by venous congestion; and the inference Mr. Hay drew from it was, that in abstracting blood in cases of affection of the head, we ought not to take it indiscriminately from the arteries and veins, but to make a choice, and that choice to be determined by the character of the congestion present. If, in the natural state of the circulation within the head, the blood was equally distributed between the arteries and veins, any turgidity of either class of vessels would produce diminished energy of the organ; but, owing to the quantity in the veins being naturally in excess, an increase in the quantity contained in the arteries, to a certain extent produces an increased action, until we come up to the point of equality; beyond that, diminished energy is the result. As illustrations of the subject, Mr. Hay mentioned various cases of disease. The inflammatory affections of the heads of infants and of children, were remarkably relieved by leeching and cupping from the temporal artery, which diminished arterial cerebral congestion. In fever, accompanied by affections of the head, and in epilepsy (both of which were species of the same congestion,) increased action of the brain was followed by diminished action; and, as illustrations of venous congestion, he mentioned the cases of narcoticism, where the patient has not taken a sufficiency of the poison to produce death, but merely protracted sleep; and that state of drowsiness and lethargy which often precedes an attack of apoplexy, both which affections were only to be relieved by opening a vein.

At the Royal Medical and Chirurgical Society, November 14, Mr. B. PHILLIPS read a paper on the result of amputations in this and other countries.—The professed object of the author was in the first place, to prove that the opinion commonly entertained with respect to the mortality succeeding amputation is incorrect; secondly, to exhibit the results of inquiries undertaken in France, Germany, America, and Great Britain, as to the mortality conse-

quent upon this operation, and to compare these results with each other, for the purpose of ascertaining to what extent is justified the belief in the greater success of amputation in our own than in other countries; and, thirdly, to adduce evidence in proof that the treatment commonly employed in certain cases of old standing disease, is less favourable in its results, and less in consonance with pathological principles, than that proposed by himself, in the course of the present inquiry. The author laid much stress on the importance of possessing more exact records of the results of operations in large hospitals, as the only sure data upon which to found a judgment of their comparative safety; the memory of individuals being, as he has often had the opportunity of proving, quite insufficient to furnish even an approximation to the truth. The author admitted that many hospitals may be so circumstanced, either permanently, or at particular periods, as that the results of amputation in them should seem to be peculiarly unfavourable; but he had endeavoured to obviate this difficulty by making such a selection as would produce something like a compensation in this respect. The amputations included in this inquiry, are those of the arm, and the forearm, the thigh, and the leg; all have been performed within the last four years in civil hospitals, or in the private practice of hospital surgeons. The gross number of such cases is 640. Of these, 490 are reported "cured," and 150 died, either in consequence of the operation, or from the progress of the disease for the relief of which it had been performed. The author proceeded to analyze the gross number, and exhibited the proportion furnished by the different countries comprised in the inquiry, in a table, from which it appeared that the proportion of deaths after amputation, in Great Britain and France, is a fraction *below*, while in Germany and America it is a fraction *above* the average. It would be impossible to detail, within our limits, all the observations upon which the author founds the opinion, that the amount of mortality is greatly increased by the almost entire abandonment of the system of consecutive union of stumps, resulting from the amputation of long-standing chronic diseases, attended with profuse suppuration; an opinion which leads the author to recommend a modification, in such cases, of the present mode. Although the author is not an advocate for the substitution of consecutive for immediate union, in any class of cases, he is strongly impressed with the opinion that many of the evils resulting from immediate reunion, in an extensive class of cases, might be obviated by establishing, in the vicinity of the part where amputation is to be practised, an artificial suppurating surface, by means of a seton or issue, and maintaining such secretion for a time after the healing of the stump. The author professed to have no direct evidence of the efficacy of the proposed modification; but he thought himself warranted, by the premises, in maintaining the probability that it would render unnecessary the plan of having recourse to secondary union, whose advantages in any cases are *almost* counterbalanced by great inconvenience.

SELECTIONS FROM ENGLISH JOURNALS.

The Treatment of Inflammation.

BY MARSHALL HALL, M.D.

THE remedies for inflammation may be divided into those which act through the *general system*, and those which act upon the *part* affected.

To the *first* class belong—

1. *Blood-letting*, viz.:

1. *Venesection.*
2. *Arteriotomy.*

2. *Emetics*, and, especially, the *Tartrate of Antimony*,3. *Mercury.*4. *Colchicum.*

To the *second* class belong—

1. *Local Blood-letting*, viz.:

1. *Leeches.*
2. *Cupping.*
2. *The Division of the Part.*
3. *Cold Lotions.*
4. *Fomentations ; Cataplasms.*
5. *Blisters ; Rubefacients.*
6. *The Nitrate of Silver.*

We have only to recall to mind the state of things in inflammation, to appreciate the value, and to understand the mode of action of blood-letting; the augmented action of the heart and larger arteries; the distended and excited condition of the minute arteries, are subdued; the *vis a tergo* being removed, the crowded, adherent, and stagnant blood-globules, in the capillaries, are set at liberty, and *reflow* into the current of the general circulation, as I have seen repeatedly in the web of the frog; the veins are relieved in their turn, and, in a word, the augmented circulation in the whole part is relieved. The column of the circulating blood is diminished in quantity and in its *vis a tergo*; the system of vessels is relieved, and the dilated arteries, and capillaries, and veins (?) contract.

Blood-letting is so important, so powerful a remedy, so replete with consequences, both good and evil, according as it is well or ill applied, and I have made, as I believe, such improvement in its mode of exhibition, that I propose to enter at great length upon this subject. Part of what I have to say, must be said now, in connection with the subject of inflammation: but part must be reserved for another entire lecture on blood-letting.

The great difficulty is to ascertain, when we have determined upon the institution of blood-letting, *how much* or *how little* blood shall be withdrawn. Where, where can you learn this? In what book?—in what

lectures? Shall we take ten, or fifteen, or twenty, or twenty-five, or thirty ounces of blood?—or more? It may be said that, if the patient be young and robust, and if the disease be violent, we take much blood; but if the patient be feeble, and the disease, slight, we take little. But *how much?* and *how little?* are still the questions,—to which I know of no answer in medical writings or lectures.

Now it is precisely to determine these questions, which are questions of life and death, that I have a proposition to lay before you, of the utmost value, in many, many points of view. The proposition applies to *every* case in which it is required to *bleed the patient fully*; that is, to the extent the system may bear and the disease require. It is full of safety, guiding us in the use of the lancet, and guarding us, at once, against excessive and inefficient blood-letting.

The plan I propose is this:—

Place the patient perfectly upright, in the sitting posture, and desire him to look towards the ceiling of the room; having previously prepared the arm, let the blood flow to the most incipient syncope.

If the patient be strong, and the inflammation be seated in serous membranes, or parenchymatous substance of organs, and severe, *much* blood will flow; if the patient be feeble, and the inflammation be seated in the mucous membranes, and be moderate in extent and degree, *little* blood will flow, and not only this, but precisely *as much* and *as little* as the case requires, and the patient safely bear to lose.

This is the plan, then, which I recommend you to adopt. Determine the first question,—that the case requires the *full* detraction of blood, by the history, the symptoms, by the *diagnosis*; then adopt the mode of blood-letting which I have described, and all will be safe. You will often take *more*, and often *less*, than you would have done under the former system of *guessing*, but you will always take the proper quantity; you will not allow the disease to proceed, unchecked, for want of the due use of the remedy; and you will not sink your patient by carrying it to excess.

But this is not all; for by the very quantity of blood which has been drawn, you will learn much relatively to the actual powers of the patient, and the degree and nature of the disease—much of a practical kind of diagnosis.

Nay, you will be much guided, in connection with the subsequent state of the patient, and by the previous duration of the actual symptoms of the disease, as to the *repetition* of the remedy,—another most important point.

If *much* blood has flowed before incipient syncope has been induced, revisit your patient *soon*; you will probably have to repeat the blood-letting in consequence of the severity of the disease, especially if you were not called in early in the first instance. If, on the contrary, *little* blood has flowed, neither does the disease require, nor would the patient bear, further general depletion. I consider the rule for the administration of blood-letting, which I have laid before you, as the most important for conducting with safety the use of a powerful remedy in the whole range of the practice of medicine; and I deem myself happy in being its discoverer and promulgator. Would we had a similar rule and guide in the use of *all* our plans of treatment, fraught, as they often are, with good or ill, according as they are applied with or without judgment and skill.

Next to blood-letting, as a remedy in acute inflammation, must rank *emetics*, and especially the *tartrate of antimony*. First introduced into practice by Sig. Rasori, it was afterwards adopted and recommended by the illustrious Laennec.

From one to two grains are given in two or three ounces of water. Nausea and vomiting, and, perhaps, purging, are generally induced. In two, four, or six hours, the dose is repeated, with the effect of inducing less nausea and vomiting. At length it is repeated without inducing nausea or vomiting at all. This is termed *tolerance* of the remedy.

Mean time disease subsides in the favourable cases. It was first given in pneumonia, both by Rasori and Laennec. The latter physician recommended it in the highest terms, and extends its use to other inflammations, as arachnitis, pleuritis, peritonitis.

The contra-indication to its use, is, the want of the establishment of *tolerance*. If the patient continues to vomit, or if he be affected with hypercatharsis, it is to be discontinued.

Laennec observes—"From the moment that I detect pneumonia, if the patient be in a condition to bear the loss of blood, I prescribe the abstraction of six or eight ounces from the arm. I rarely repeat the venesection, except in cases in which there is disease of the heart, or the threatening of apoplexy, or other congestion of blood. I have even cured several cases of pneumonia, very rapidly, without having recourse to blood-letting. But I generally premise this remedy, as does also Sig. Rasori, except in cases of cachexia or debility. I regard blood-letting as a means of arresting the inflammatory orgasm, and of obtaining time for the action of the tartrate of antimony.

"Immediately after the blood-letting, I give a first dose of one grain of tartrate of antimony in two ounces and a half of infusion of orange flowers, and half an ounce of syrup. I repeat the dose every two hours, until six doses have been taken, and then, if the symptoms be not severe, and if the patient be disposed to sleep, I allow him a respite of seven or eight hours.

"But if the pneumonia be advanced, if the oppression be great, if the head be affected, if both lungs, or the whole of one lung, be inflamed, I continue the remedy until the disease be abated. If several of these morbid conditions be combined in the same case, I augment the dose to one grain and a half, two grains, or even two grains and a half."

Many patients experience neither vomiting nor purging. More frequently, however, they are sick twice or thrice, and have five or six evacuations during the first day, but the first day only. When *tolerance* of the remedy is established, according to the phrase of Sig. Rasori, it is sometimes necessary even to give mild aperients. It may, however, be necessary, on the contrary, to add syrup of poppy to the antimonial draught.

Sometimes the amendment in the symptoms, and in the stethoscopic signs, is obvious in the space of forty-eight, twenty-four, or even two or three hours. This amendment occurs at all periods of the disease; and it is always progressive. It is in this latter point of view that the advantage of the tartrate of antimony over blood-letting, even when repeated, is most marked.

Laennec gives a glowing account of the efficacy of this mode of treatment

in pneumonia, and of its advantages over blood-letting. It is proper to add, however, that M. Bouillaud has recently denied this superiority.

Laennec adds,—"I continue the use of the tartrate of antimony as long as the tolerance of the remedy and the existence of the crepitant rattle continue. This tolerance sometimes continues during the convalescence, and the patient has a good appetite, though he be taking six, nine, or even eighteen grains of the tartrate daily,"

Laennec assures us that he has never witnessed any very painful or dangerous effects from this mode of giving the tartrate of antimony.

Laennec has tried the tartrate of antimony in other inflammatory diseases besides pneumonia:—

1. "In inflammation of the serous membrane, and especially in *pleuritis*, the antimony is rarely 'heroic,' and only when the disease is very acute. It subdues the inflammatory action; but when the fever and pain have ceased, the effusion is not absorbed more rapidly by its means.

2. "I have not," adds Laennec, "tried the antimony in *peritonitis*, and I shall not readily do so, since the mercurial frictions carried rapidly to salivation, after one or two applications of leeches, appear to be the most successful remedy in this disease.

4. "In forty-eight hours the tartrate of antimony removed a disease having all the symptoms of acute *arachnitis*. The same happy result was observed in three cases of acute *hydrocephalus*."

I now proceed to treat of another important remedy in inflammation, viz., *mercury*.

Next to blood-letting, mercury seems to be our principal remedy in inflammation, and especially in inflammation of the serous membranes, of the larynx and trachea, and of the iris.

I shall now proceed to describe the peculiar influence of mercury. This medicine was first proposed, as a remedy for inflammation, by the late Dr. Hamilton, of Lynn Regis. Its powers as a remedy in various inflammatory diseases have been more recently investigated by Dr. Farre.

Dr. Farre observes, in an interesting letter to Mr. Travers,—“We are mainly indebted to John Hunter for directing our attention to the action of the capillary arteries, a knowledge essential to medicine and surgery, considered as a science. To be able to present to the mind the actual condition of the capillary arteries of an inflamed organ, and the changes which are taking place at their extremities, is to know the disease; and to be able to alter, to regulate, and to control that action by remedies, is to cure it. Whilst the principal tendency of that series of remedies, which we comprise under the received term, antiphlogistic, from general blood-letting downwards, is to diminish the force of the heart and arteries, it is in a peculiar manner the operation of mercury on the whole capillary arterial system to change its action, but not indefinitely. The gentlest action of mercury is to correct and restore the secretions proper to the alimentary canal to their natural condition; and, as by a charm, to dissolve the functional disorder of distant organs sympathizing with the first passages. This is an operation which so exactly accords with the intention of Nature, that no morbid actions ought to result from the remedy itself when thus used. But it is quite another thing when it is necessary to arrest organic disease. The remedy itself produces a train of morbid actions. Not to dwell on

what is well known, suffer me to direct your attention to the condition of the extreme arteries when fully excited by mercury. It is an erythema—an action which essentially weakens the cohesion of parts; but the adhesive inflammation is so exactly opposed to this, that both cannot be the result of mercurial action. From the moment that I commenced the study of morbid anatomy, I directed my attention to the adhesive inflammation, because it opened to my view the most usual process of disorganization of the viscera.

“ I had been led, from repeated observation of the adhesive inflammation of various textures being cured by the mercurial action, to receive it as one of the *general laws* of its operation to change that arterial action on which the effusion of coagulable lymph depends, and consequently to arrest all the subsequent changes which flow from this process. Doubtless, there are exceptions to this general law. The class of tumours, properly so called, form an immense and lamentable exception to it; and scrofula, in the same proportion that it has impaired the restorative powers of the constitution, forms another not less considerable. The extent and duration of the adhesive inflammation itself, forms a third; for all reasonable expectation of success, even from the use of the most powerful remedy, is founded on, and pre-supposes a structure perfect enough to effect the salutary changes; but it is the actual organization of the part which suffers by the continuance of this process, and thus unfits it to effect them.

“ Is iritis an example of pure adhesive inflammation?—I consider that it is; for, if the case be left to Nature, this is its tendency and termination.

“ Is the mercurial action an erythema or an adhesive inflammation of those parts on which it falls?—If the former, which I believe it to be, no two actions can be more opposed.

“ Are sloughing ulcers cured or aggravated by the mercurial action in which the establishment of adhesive or phlegmonous inflammation is essential to the preservation of the part? Accept an example or two. Mr. B. was under mercurial action for a chancre on the glans penis; an erythematous inflammation surrounded the ulcer, and the part sloughed; contiguous portions of the glans died successively. As soon as this destructive inflammation was set up, the further use of mercury was suspended, and two ounces of the powder of the best Peruvian bark was given daily. The granulating process was established before the whole of the glans was lost. You know that mercury would never have occasioned the deposition of lymph, nor the organization of that lymph, so as to heal by granulation in this alarming case. A child was brought to me with one eye lost by slough, and the other inflamed, with nothing remarkable in its appearance except a small opaque yellowish spot on the cornea. A mild antiphlogistic treatment was prescribed; but just before the patient was dismissed, the mother told me that the child had some sores about the pudendum and nates. On examination, several small ulcers appeared, all of which were in a sloughing condition. This served me as a key to the condition of the capillary arteries. The extract of the bark was freely given. In eight and forty hours every ulcer on the body had a clean surface. The ophthalmia declined, and the eye was saved. Need I ask you what would have been the effect of the mercurial action in this case?

“ I have uniformly regarded the mercurial action as one of the most effectual means of arresting the disorganizing process of adhesive inflam-

mation, whether of the iris or of any other texture of the body. To the liver in this state of disease (hepatitis,) it has been long applied, except that some have had their fears about commencing it too early, and through this delay have probably lost the opportunity of preventing suppuration. In cynanche trachealis it has been more recently used with success. In the last stage of marasmus, from nodes of the large bones, I applied it with success in 1805, and since that period, with equal success, to adhesive inflammation of the pericranium, both where it has been entitled pseudo-syphilitic, and where it was neither syphilitic, nor bearing any resemblance to syphilis; before and since that period, with marked advantage, in arterial congestion, and even in organic changes of the brain; in 1809, successfully in carditis from acute rheumatism; and, since that period, in chronic carditis."

Mr. Travers remarks,—“Whether the mercurial action is always restricted to the state denominated erythema, and never advances to the adhesive stage of inflammation, is a point which I cannot take upon myself to decide.” He adds,

“Since this paper was written, I attended an elderly lady, the subject of iritis of the right eye, cutaneous eruptions, and rheumatic pains, which yielded readily to a very slight ptyalism. Three weeks after the cure of the iritis, she was attacked with an inflammation, precisely resembling the former, in the left eye; and, notwithstanding a slight paralytic affection of the right side, I persisted in the plan before pursued, diminishing the quantity of mercury one half, and at the same time exhibiting a light tonic; the inflammation yielded as speedily as before.

“Whether sloughing sores are cured or aggravated by mercury, is an inquiry to which it is not difficult to reply, but which does not appear to me to be fairly connected with the question at issue. It will not be denied that ulcers often granulate, even luxuriantly, under mercurial action. I have seen a rapidly destructive ulcer on the penis arrested by mercury, to which bark gave no check; but opium is a remedy on which I place more reliance in progressive sloughing.”

The general result of my own observations relative to the use of mercury in inflammatory diseases is this:—Conjoined with active depletion, it is invaluable—1, in acute inflammation of the serous membranes, of the trachea, &c.; 2, in acute inflammations partially but not entirely subdued; 3, in chronic inflammations uncomplicated with tuberculous diathesis. Prompt and decided ptyalism must be produced, and kept up until the symptoms have subsided. I have seen meningitis, pleuritis, peritonitis, laryngitis, effectually removed by this important remedy.

The subject of the general treatment of inflammation would not be complete, if I did not mention *colchicum*, as a remedy in this disease. *Colchicum* seems to have a peculiar power in subduing arthritis and rheumatism; but it has been tried, with success, in other cases of inflammatory disease. It must be *cautiously* given, so as to induce slight nausea and catharsis.

Topical blood-letting is useful,—

1. When general blood-letting has been used fully, and when from previous loss of time, the inflammation is not quite subdued.

2. In cases of *chronic* inflammation.

Leeches draw blood slowly; cupping acts more promptly, empties

deeper-seated vessels, and acts on the principle of counter-irritation, and is, therefore, a far more powerful remedy than leeches.

I would make one remark relative to cupping. I have known it to do injury *mechanically*, if applied immediately over certain inflamed organs. In reference to the kidney, for example, in one case I observed the urine to become more albuminous *just after* each application of the cupping instruments, though less so than before, *generally*, from the use of the remedy. The scarificator, and the glasses should be applied just above, or just below, the inflamed organ.

The scarificator may be applied and *crossed*, if it be desired to produce more counter-irritation than usual.

The *division* of the inflamed part is an exceedingly efficacious remedy in inflammation, when it can be performed, as in *inflammation of the tonsils, erysipelas, carbuncle, &c.*

The *cold lotions* subdue the action of the minute arteries; *cataplasms* and *fomentations* appear to act by relaxing the integuments and textures generally, and so diminishing the degree of *tension* in the inflamed part.

Blisters and *rubefacients* are principally applicable to cases of *chronic* inflammation, and are usually combined with rubbing, the use of the part, &c.

Lastly, the profession is much indebted to Mr. Higginbottom, for introducing to their notice a *new antiphlogistic* remedy, in the nitrate of silver. No remedy has so thoroughly sustained its reputation on trial. Lightly passed over and beyond the moistened surface of inflamed parts, as in paronychia, erysipelas, inflamed absorbents; wounds, punctured, lacerated, or bruised; the nitrate of silver acts in a manner quite extraordinary in subduing the morbid actions. Duly applied in variola, over and beyond the pustule, it prevents the sloughing which leads to the pitting sometimes so distressing in the disease.

The extent to which the curative influence of the nitrate of silver may be carried, and the *modus operandi* of this remedy, are still unknown. indeed, I think it difficult to estimate the utility of this remedy at its just value. I advise you to procure Mr. Higginbottom's little work; to read it, and pursue the inquiry.

I shall never forget the influence of the application of the nitrate of silver, merely so as to blacken the white, and without giving the slightest pain, in a case of inflammation of the lymphatics along the arm, from the wrist to the axilla, in a little girl who had fallen and abraded the skin of the palm of the hand. In twenty-four hours not a trace of inflammation—not a tender spot remained.

In another case of inflamed lymphatics along the leg and thigh, arising from an ulcerated chilblain of the heel, in which numerous suppurations took place, the spots of inflammation were sometimes *resolved* by the application of the nitrate of silver, and sometimes the pus of the abscesses was rendered aqueous, and exuded through a very small opening, leaving the abscess itself much disposed to contract and heal.

I remember some most interesting cases illustrative of the influence of the nitrate of silver in bounding and subduing *erysipelas* (discovered by Mr. Higginbottom), published by Dr. Elliotson, in *THE LANCET*, several years ago.

The early and cautious application of the nitrate of silver immediately arrests the painful progress of *paronychia*. Freely applied, it is *the* remedy against dissection wounds.

I shall dismiss this important and interesting subject by requesting your attention to the following *principles*, extracted from Mr. Higginbottom's useful work :—

“ I am not aware that the influence of the nitrate of silver, in subduing inflammatory action, has been at all noticed by surgical writers; much less have its unexpected and extraordinary powers, in this respect, been fully ascertained.

That the application of the nitrate of silver should subdue the inflammation of phlegmon, or of a line of inflamed absorbents, arrest the spreading of erysipelas, prevent and modify the formation of pus, are facts, I believe, totally new. I am thus distinct in my statements of the effects of the nitrate of silver, which I am about to describe as the results of my own investigation, because I cannot by any means be supposed to claim, or have suggested, all the beneficial applications of this useful remedy.

In some cases of external inflammation, it is sufficient merely to blacken the cuticle. How this apparently simple process acts in subduing the inflammatory action, I am quite at a loss to determine. But it is my object simply to ascertain and state practical facts. It is plain, however, that a chemical union takes place between the metallic salt and the animal substance, by which its pores are obliterated, and the action of the external air is excluded.

In other cases it is necessary to induce a degree of vesication. This kind is less irritable than induced by cantharides, and it has a singular and peculiar effect in subduing the process of inflammation.

In some instances the application of the nitrate of silver has appeared to prevent suppuration. In others, a fluid, obviously felt fluctuating before, has been absorbed; and in others, the pus (which would otherwise have been viscid and opaque, as contrasted with that of similar affections in the same case in which the nitrate of silver had not been applied), is rendered thin and limpid, and, perhaps, streaked with blood, pierces through a smaller orifice, and leaves the abscess in a state more disposed to heal.

It is evident, from these observations, that the influence of this remedy is not confined to the textures constituting the skin, but that it extends more deeply, exerting itself upon the condition of the cellular substance, and even of parts more deeply seated still.

I must be excused for observing, that I consider all these facts, as to the effects of the nitrate of silver applied externally, to be new, whatever was known of its use before. They will be amply established by the cases reserved for the subsequent parts of this essay.

It is still a question, how far the application of the nitrate of silver may be useful in internal inflammation, by inducing prompt vesication over the inflamed part, or even without inducing vesication.

I now proceed to state more particularly, the different modes of applying the nitrate of silver, with the view of subduing external inflammation.

It is frequently only necessary to convert the cuticle into an eschar over the inflamed surface.

In other cases the nitrate of silver must be applied more abundantly, so as to induce vesication; the part is first to be washed with soap and water, to remove any oily substance from the skin, and then it is to be wiped dry; the inflamed and surrounding skin is then to be moistened, and a long stick of nitrate of silver is to be passed over the moistened surface, taking care that not only every part of the inflamed skin is touched, but the surrounding healthy skin, to the extent of an inch or more beyond it, in severe cases.

The nitrate of silver may be then passed over these surfaces, once, twice, thrice, or more times, according to the degree of inflammation; once in slight cases, twice or thrice in common cases, and more frequently if quick vesication be required. It is necessary to apply the nitrate of silver more freely on the hand or the sole of the foot, where the cuticle is thick, than on other parts. After the application, the part is to be exposed to the air to dry, and is to be kept cool.

In 24 hours, if the nitrate of silver has been properly applied, it will be most frequently observed that the inflammation has subsided, and its progress been checked; but if there be any inflamed spot left untouched, the patient will complain of it. To every such spot the nitrate of silver must be applied. At this period there is usually a little vesication.

On the third day there is usually more vesication, and less swelling, and the patient complains of a little pain, as of that a blister; but, on pressure, the part has a puffy feeling, and is found to be quite free from inflammation.

On the fourth day the vesications begin to disappear. It is best to leave them undisturbed; for the dried exudation defends the subjacent cutis.

On the fifth day the vesicated crusts separate, leaving the subjacent parts free from soreness and inflammation. It is sometimes a number of days before the whole of these crusts peel off; but, I believe, it is best to leave them undisturbed.

I have already mentioned that abscesses over which the nitrate of silver has been applied, are left in a state more disposed to heal than similar abscesses in the very same case in which this remedy had not been used."

It would, therefore, appear that the nitrate of silver modifies the action of the parts, so as to induce that form of inflammation which Mr. Hunter has termed the adhesive.

This effect of the nitrate of silver is equally observed in recent wounds, whether incised, punctured, or bruised. In incised wounds, union, by the first intention, is frequently secured by the application of the nitrate of silver on the surrounding cuticle. In punctured wounds union is promoted, and suppuration prevented. In bruised wounds the action of the parts is so modified that their texture is often preserved unbroken; and sloughing, which would otherwise inevitably have taken place, is obviated. The influence of the nitrate of silver in inducing adhesive inflammation is not less obvious in its application to inveterate ulcers.

In neglected punctured wounds, attended by ulceration, pain, swelling, and fungous growths, and in cases in which there would have been destruction of the parts, as in deep-seated inflammation of the finger, the nitrate of silver has a most decided effect in checking the inflammation,

in preventing that destruction of the parts, and in inducing the healing process.

In ulcers, which are rapidly spreading, attended with severe and extensive inflammation, the nitrate of silver has frequently an immediate effect in subduing the inflammation, and in inducing the healing process.

Before I dismiss the subject of the treatment of inflammation, I wish to bring under your notice several remedies for *internal* inflammation not hitherto mentioned.

1. *The Ice-cap.*

In *arachnitis* great benefit is derived from applying a bladder one-third full of pounded ice. It acts as a constant source of cold; and, if it were required, its force might be augmented by adding a little muriate of soda to the ice, by which its solution is greatly accelerated, and the cold produced augmented. It must thus be speedily renewed.

2. *The Ammonical Liniment.*

In *chronic bronchitis* I have derived great benefit from the persevering application of a strong liniment, with ammonia, night and morning. It should be continued during many months, if necessary.

3. *The Spirit Lotion.*

In some instances of threatened *phthisis*, in chronic *pleuritis*, *hepatitis*, &c. I have directed the patient to wear a lotion, consisting of two ounces of alcohol, eight of water, with a little eau de Cologne, across the chest, immediately beneath the clavicles. It was directed to be applied by means of six folds of thin linen in small quantity at a time, but very frequently. I think it has done good. One gentleman called it his breast-plate.

From these observations it will be observed that I estimate very highly the investigation into the properties and application of *remedies*. In this department Dr. Elliotson has laboured with indefatigable industry. It is, after all, *the end* we all propose to ourselves in our studies in the *practice* of medicine.

I must reserve the subject of inflammation as a *cure* of other diseases for my next lecture.—*Lancet*.

On Varicose Veins and Ulcers of the Legs.

By SIR BENJAMIN BRODIE, Bart.

WHY is it that the superficial veins enlarge, and not the others? Because, as I have already explained, the deep-seated veins have pressure made upon them on every side, but the superficial veins have not. The first thing for you to consider in the treatment is, whether you cannot put the superficial veins, which are dilated and varicose, under the same circumstances with the deep-seated veins which are uniformly supported. This may be accom-

plished by applying a bandage to the leg. And what kind of bandage? In many cases you may apply merely a partial bandage of adhesive plaster, which will answer the purpose perfectly, giving the patient scarcely any inconvenience. Where the disease is of limited extent—where, for instance, there are only two or three varicose clusters, of small size—you need not trouble the patient with a complete bandage for the whole leg. Have some stripes of adhesive plaster, three or four inches long, according to circumstances, and one inch or an inch and a half wide. First of all, let the patient stand erect, that you may ascertain exactly where the varicose clusters are situated. Having marked the place, let the patient recline, and let the foot be raised, so that the blood may run down, and the varix become completely empty. Observe, that the heel ought to be the highest part of the whole person. Then you put on one of the pieces of adhesive plaster across the varicose vessels, and afterwards apply the others in the same manner, drawing up the skin under them, and taking care that the plaster is not thrown into rucks or folds. These plasters being applied when the veins are empty, and being strained on the skin beneath, when the patient stands the veins are prevented swelling. In a great many cases you will find that this is sufficient to give all the support required, and perhaps this is all that the patient needs for the whole of his life. A lady consulted me, some years ago, with two or three varicose clusters on the inner ankle and on the back of the leg, but with no varicose veins of any consequence elsewhere. I put on some pieces of plaster in the manner which I have described. I mention this case only for this reason—that I recommended the treatment seven or eight years ago, and that lately, when she came to London to consult me on another disease, she told me that she had worn the plaster up to this time, and that it had given her complete relief: she had never had occasion for any thing else. But when the veins of the leg are extensively varicose, this compression will not be sufficient, and then you must apply a bandage for the whole leg. There are different kinds of bandages, and sometimes one sort will answer best, and sometimes another. You may use a common roller of coarse unbleached calico, such as we use in the hospital. In some persons you will find a flannel roller more convenient; at any rate, the patient can apply it better for himself. In private practice I frequently recommend a bandage which is made of stocking web. This is a very nice bandage, and very convenient, as the patient can more easily apply it for himself: there is not the dexterity necessary which is required in the application of a common roller. But it will not do for hospital practice, because the bandage is good for nothing after it has been three or four times washed, and because it is too expensive for the lower class of persons.

I must here make a few observations respecting the application of a roller. A bandage should be applied in the morning before a patient goes about, but it need not be worn in the night when the patient lies down. The bandage should begin at the toe, and go up the leg; and you should take care so to apply it as to support the heel. It should be so adapted to the limb as to make uniform and moderate pressure. The pressure should be as nearly as possible equal throughout. Especially it ought not to be tighter above than it is below, for in that case the veins below, where the pressure is least, must necessarily swell. A tight garter increases varicose veins; and the patient ought to be told not to wear a garter at all, but to

loop up his stocking. A bandage which is tighter above than below corresponds to a tight garter. But some persons cannot well apply a bandage for themselves, and for them you may prescribe a laced stocking, which is in many respects very convenient. Patients who are awkward in applying a bandage may manage the laced stocking very well for themselves. Laced stockings are made of various materials. The Chinese manufacture a calico called *nanquin*, which is a very good material for the purpose. Some laced stockings are now made partly of India rubber cloth, so that they are elastic. An ingenious artist in Jermyn-street makes a laced stocking of spiral wire, like the springs of braces, but of very fine texture, included within folds of leather or something else. Whether you use spiral wire, or Indian rubber, it is not necessary that the whole of the stocking should be made of the elastic substance; you only want elasticity in a part of the circumference. In most cases I find the Indian rubber cloth to be the best of these elastic materials. Patients complain of the elastic wire cloth being very hot, and besides, if anything, it makes rather too much pressure. Indian rubber cloth, however, is not very well adapted for hot weather, as the cloth gives way so, that there is not a sufficient support, and hence it does not answer so well as common calico or nanquin in hot climates. However, you will find that each kind of laced stocking has its advantages in particular cases.

So much as to the general treatment of varicose veins; but now we are to consider their treatment under peculiar circumstances. Let us suppose, then, that you are called to a patient in whom there is a varicose cluster of veins in a state of inflammation. There is a great deal of tenderness in the part, and perhaps some fever. The first thing you have to do is to keep the patient in bed, in the horizontal posture, so as to keep the veins emptied of their blood. Then, if there be much inflammation, and the patient suffers a good deal of pain, you may apply leeches; but do not apply them immediately over the veins: they should be applied higher up on the leg, on the sound skin. The biting of a leech over an inflamed vein will give the patient a good deal of pain, and the bite will be difficult to heal. If you apply it on the sound skin in the thigh, or the upper part of the leg, you will relieve the varicose veins just as much as if you had applied it upon them, without giving the patient pain at the time or any trouble afterwards. You may then apply to the inflamed varix a compress wet with spirituous lotion, unless the pain be very great, and then you may use poultices and fomentations instead.

When inflamed varicose veins are distended with coagulum, it used to be the practice formerly to slit open the vein, and turn out the coagulum, but it is not the practice that I should recommend. It is, in fact, very bad practice, and in order to impress this observation the more upon your minds, I will mention a particular case, which I found this morning in looking over one of my old case books. It occurred upwards of twenty years ago. A patient was admitted into the hospital with two or three large clusters of varicose veins. They were all in a state of inflammation; the upper one was the most inflamed. The patient said that she had had the disease for some years, but that about a week before her admission she had stood for a long time upon a cold stone floor, on a cold damp day. She went to bed, and had a shivering, which was followed by fever, and then

this attack of inflammation of the veins took place. I could feel that the blood had become coagulated. I opened the upper varix and let out the coagulum; but the varices below were treated with cold lotion, or in some other simple way. Under this treatment the inflammation very soon subsided in the varicose clusters below, the absorption of coagulated blood began to take place, and the clusters were cured. But observe what happened in the cluster that I had punctured. The puncture became an ulcer, which would not heal, but became very troublesome. At the end of six weeks when the other clusters were well, there was a nasty sore here. I was obliged to make a slough with caustic potash, which I suppose destroyed the remains of the vein which had been opened. The slough came away, the sore assumed a healthy character, and got well, but certainly the patient would have been well some six or eight weeks sooner, if I had pursued the same practice with the upper varicose cluster which I adopted with the lower ones.

The treatment of these clusters of inflamed varicose veins should be just this:—lay the patient in bed; put a cold lotion on the part, or fomentation and poultices if you find these to be more comfortable to the patient: administer purgatives according to circumstances; and if there be much inflammation, but not otherwise, apply leeches to the sound parts above. The result will be, that the veins of the inflamed varix will become obliterated, and the varix will be cured.

In those cases in which, from long neglect of varicose veins, the skin of the leg becomes red and irritable, you will be able to render the patient no service so long as he is going about, standing and walking as usual. The first thing to be done is, to confine him to his bed, or at all events to a sofa; but the safest method is to confine him to his bed, and the horizontal posture, so that the blood may not have to rise up in the leg against its own gravity. In many cases nothing more is necessary than this; but, in some instances, this will afford but very slow relief, and in all cases you may hasten the patient's recovery by adopting other methods in addition: I have frequently, in these cases, bled the patient in the vena saphena major, in the lower part of the thigh, near the inner condyle; and it is astonishing what relief that gives. It is not worth while to adopt this practice in all cases, but where you find the patient suffering more than usual from the inflamed state of the skin you may very properly have recourse to it.

Bleeding in the vena saphena major is performed very easily in persons who are not very fat: place a bandage round the lower part of the thigh, let the patient put his leg into a pail of warm water, and what with the warm water below and the bandage above, the vena saphena swells; you then open it with a lancet, and take away any quantity of blood you please. But, in a very fat person, bleeding from the vena saphena is not very easy to be accomplished, and as a substitute for it you may apply leeches to the inside of the thigh, or you may apply them in this situation in other cases where you do not think that actual bleeding in the vena saphena is required. And here I must call to your recollection what I said respecting the application of leeches, under these circumstances, in my last lecture. Never apply leeches to the inflamed part, but always at some distance above it. If the whole skin of the leg be inflamed, then apply them on the inside of the thigh; if the leg be inflamed in the lower part and not in the upper,

then apply them in the leg, but above the inflammation. Besides the application of leeches, you may, in the first instance, apply a rag, wetted with cold spirituous or saturnine lotion. When the inflammation of the skin has subsided, you may begin the use of bandages in the way which I described in the last lecture.

In some cases, as I formerly told you, the skin is not only inflamed, but more or less excoriated, the cuticle being abraded to a greater or less extent, while the surface of the cutis secretes an ichorous fluid. Here, also, you may take away blood from the vena saphena major, or from the inside of the thigh by leeches, and the patient will also derive benefit in these cases from the application of a saturnine lotion, though, for the most part, some mild cerate answers the purpose better. The zinc ointment or calamine cerate answers very well; but we use, in the hospital, a preparation known with us by the name of compound chalk ointment, which is much preferable. It is, if I am not mistaken, now introduced into the Pharmacopœia under the name of Ung. plumbi compositum. It is an excellent application in these and other cases where the surface of the cutis is deprived of the cuticle. This ointment was invented by Dr. Kirkland, a celebrated practitioner many years ago in Leicestershire, and I believe it was commonly known under the name of Kirkland's neutral cerate. It is composed of diachylon plaster, olive oil, chalk, and distilled vinegar. How it should have ever entered into any man's head to make such a composition as this I do not know, but the composition having been invented I must say it is a very useful one. The ointment should be spread on linen rag, and applied in stripes round the leg, each stripe over-lapping the one below. In some cases, in addition to the use of chalk ointment, you will find advantage from washing the surface with a weak solution of nitrate of silver, in the proportion of two or three grains to an ounce of rose water. A strong solution would here be improper, but a weak solution is very useful.

I told you that in some cases there was œdema, a swelling of the leg and foot, in consequence of the inflammation of the cellular membrane, causing it to be infiltrated with coagulated lymph and serum. The treatment that is required under these circumstances is very nearly the same as that which is necessary where there is the inflammation of which I have just spoken. The patient should be kept in the horizontal posture; blood may be taken either from the vena saphena major, or by leeches from the thigh, and generally you will find the latter quite sufficient. You may apply a cold lotion in the first instance, but very soon, in these cases, you should begin to apply a bandage, such as will give an uniform support to the leg from the toes to the knee.

In cases of varicose ulcers of the leg, if you find that the patient has neglected himself, that the ulcer is in a state of inflammation, foul and painful, as it often is, and the surrounding skin being in a state of inflammation also, you must keep the patient in bed, and treat him as if the leg were inflamed without the existence of the ulcer. But as soon as the inflammation of the ulcer and the surrounding parts has been relieved, you may begin the application of pressure. The pressure of a common roller will do a great deal of good, and formerly nothing else was recommended. But we find, now, that in cases of varicose ulcer, as in cases of indolent ulcer of the leg, you may very much assist the common roller by the

addition of other means. One very good way of making pressure on a varicose ulcer is to interpose between it and the bandage a piece of sheet lead, such as is used in anatomical museums for covering preparations. The lead should be made quite smooth, and larger than the ulcer, extending some way beyond its margin. This makes a very uniform pressure, and really does very well. But for the most part we are in the habit of using pressure by means of plaster applied in a circular manner round the limb. It is common to employ stripes of linen spread with soap or adhesive plaster, but I own that I very much prefer diachylon plaster, for both soap plaster and adhesive plaster will frequently irritate the skin, and bring on inflammation and pustules, but diachylon plaster scarcely ever produces this effect.

You have an opportunity of seeing stripes of diachylon plaster applied every day, and over and over again every day, in the wards of the hospital; and, therefore, it might seem almost superfluous for me to make any observations on the mode of applying them. But I find that new dressers very seldom apply them in the manner that I believe to be proper, and therefore I shall offer to you some observations on that subject.

In the first place the stripes should be applied round the limb, the two ends crossing each other in front, the application beginning below the ulcer, and extending some way above it. Each of the stripes ought to overlap the one below by one half of its diameter. Thus every part has a double piece of plaster over it, and you secure more equal pressure than you could otherwise obtain. It is of great consequence that the plaster should be tight enough to give comfortable support to the limb, and at the same time not so tight as to make the limb swell below; for if it does produce this effect, it is very likely that it will bring on a sloughing of the sore. The plasters ought to make uniform pressure—that is, the pressure should be equal throughout; or if there be any difference in the degree of pressure, it ought to be greater below than above. If you do not attend to this point, the plaster above operates as a tight garter, and makes the parts below swell. When you apply the plaster, it should always be with the heel raised, the patient lying flat on his back, so that the vessels of the leg may be emptied of their blood. The same plan should be adopted when the plaster is taken off. If the leg be hanging down at the time the plaster is applied, the veins are full of blood, and the plaster becomes too loose as soon as the patient puts his leg up.

The plaster, if there be much discharge, should be changed daily; but as the discharge becomes less in quantity, it may be changed every other day, or once in three days, and in some cases it may be left on even longer than that.

Frequently, in cases of varicose ulcer, you find the veins on each side of the leg just above the heel, and behind the ankles, formed into a varicose cluster. A bandage applied in the common manner does not sufficiently support these veins. The ulcer may be above, and you may cover it with a bandage; but if there be such veins, as I have mentioned, below, you must not, for obvious reasons, leave them uncovered.

In order to support these veins, some stripes of plaster should be applied round the lower part of the heel, extending upwards in a longitudinal direction on each side of the leg. Let these be held firmly on while you apply the circular stripes over them, in order to keep them in their place.

is case also, in the application of the bandage, you ought to pursue the same course: a longitudinal bandage, extending under the heel and up the side of the leg, should be applied first, and this covered by a circular bandage afterwards. These may appear matters of little importance, but a great deal of your success in practice will depend on attention to such details. It is not enough to understand the case, to make a good diagnosis, and to know what remedies are to be employed; you should also pains to apply these remedies in the best possible manner, otherwise you may fail in producing their effect. In some cases of varicose ulcer you promote the healing of the ulcer by touching it every other day with a weak solution of nitrate of silver, beginning with five or six grains to an ounce, and increasing the strength gradually. But I do not advise you as a general rule to put any application in the way of dressing under the plaster. I find a new dresser frequently interposing a piece of lint, with or without simple ointment, between the plaster and the sore. It is a very vicious practice; it keeps the sore slopped with its own discharge; it prevents the plaster from making that uniform and regular pressure which is required. When the sore has been healed, the patient should continue to wear the plaster for *some time* afterwards, otherwise the cicatrix will break away, and for the same reason he should *ever* afterwards wear the bandage.

Other methods of treating patients labouring under varicose veins have been proposed by surgeons in former times, and also of late years. They have proposed to relieve or cure the disease by performing operations upon the affected veins. I need not carry you back to the propositions of Celsus on this subject, nor even to those of Heister. I shall only speak to you of methods that have been suggested within the last 30 or 40 years.

Dr Everard Home recommended the application of a ligature, where the veins of the leg were varicose, to the vena saphena major. He performed this operation in a great number of cases, and in a few cases he applied it to the vena saphena minor. When I was a student, nothing was more common than to see a patient with varicose veins standing on a table, and leaning over the back of a chair, to have this operation performed. The skin was divided; a silver needle, armed with a ligature, was passed under the vein, and the vein was tied. In many instances, at first, no ill consequences ensued; but by and by a private patient of Sir Everard Home died affected with venous inflammation, and died. The same thing then occurred in another patient. When I was house-surgeon here, there were several women on whom the operation was performed, in each of whom venous inflammation, attended by typhoid symptoms, supervened. Fortunately they did not die, but they had a very narrow escape. The operation was afterwards performed by other surgeons, and in their hands also it was found that now and then venous inflammation was brought on, which ended fatally. The operation was then generally abandoned. Mr. Abernethy remarked,—“I dare say it is only the ligature that brings on the inflammation.”

You divide veins when you amputate, and they do not become inflamed; why should you not merely cut across the vena saphena, and exert pressure?” He was mistaken in his view of the matter, which was indeed much understood by surgeons at that time. We now know that the veins after amputation not unfrequently inflame, and that this is

one of the most common causes of death after amputation. When I was first assistant-surgeon there was a man with very bad varicose veins; such a case as those in which the vena saphena would formerly have been tied. I did not tie the vein, however, but I followed Mr. Abernethy's advice, cutting it across, and applying a compress and bandage. The patient had venous inflammation, attended with very severe typhoid symptoms, and died within four days after the operation. Since then, as you may suppose, no operation has been performed on the vena saphena, either by ligature or in any other way. There are no circumstances here to justify the performance of a dangerous operation. You may perform dangerous operations to get rid of a disease still more dangerous, but you have no right to perform an operation attended with such a degree of danger as can be appreciated, in order to get rid of a disease which is not dangerous; and no one can say that varicose veins belong to the class of dangerous diseases. But still there is another reason against having recourse to this operation. I do not believe, from anything that I have formerly seen, that the operation permanently benefitted the patients. It is true that they appeared to go away a great deal better, but I now and then saw one of them a year or two afterwards, and I always found them as bad as ever. Indeed, I am by no means certain that the benefit which the patient appeared to derive, in the first instance, was the result of the operation; and I am more inclined to believe that it arose from his having been necessarily kept for some time in bed in the horizontal posture. Patients always appear to get better under these circumstances. But I may observe further, that there appears to be no reason why in ordinary cases of varicose veins the obliteration of the saphena major should do any good, and that there are better grounds for believing that it will do harm. If you stop the vena saphena major you prevent the due return of blood to the heart, so that it is likely that the veins will become worse than they were before. Have I not shewn to you that pressure on large venous trunks causes an obstruction of the blood in passing through them? that this is one common cause of varicose veins? In *very bad cases*, however, of this disease, I can understand why the patient should derive benefit from trying the vena saphena major; and in order that you should understand what I now state, I must explain to you the different condition of the parts where the veins are very much dilated, and where the disease has only proceeded to a limited extent.

If the veins are but little dilated, or dilated only in particular places, the valves can still continue to answer the purpose for which they are designed. If the vena saphena major be not at all dilated, while the smaller veins of the leg are dilated, the valves of the saphena major act perfectly, and take off the weight of the column of blood pressing on the veins below; but if the vena saphena major be itself considerably dilated, its valves then are of no use. I have sometimes seen a very curious result from this. I had a patient, for example, in whom there was an unusually large cluster of varicose veins on the inside of the leg, while the vena saphena major was of enormous diameter, so that the valves could evidently be of no use. If I put on a bandage and squeezed the blood out of the veins below, and then put my thumb on the vena saphena major above, so as to stop the circulation through it, I found, on taking off the bandage, the patient being in the erect posture, that the cluster of veins below filled very slowly from the

capillary vessels. But if, the patient being in the erect posture, I took off my thumb from the vena saphena major, the valves being of no use, the blood seemed to flow down from the trunk of the vena saphena major, contrary to the circulation, and filled the varicose cluster below almost instantaneously. I can understand that a ligature upon the vena saphena major, under these circumstances, would in a great degree lessen the inconvenience arising from the distension of varicose veins below. It would answer the same purpose as the pressure of my thumb, but still it is not to be supposed that the good thus obtained would counterbalance the chance of mischief resulting from the operation.

I was occupied, many years ago, in making experiments on the obliteration, not of the vena saphena, but of the veins themselves. I applied caustic so as to penetrate through the skin to the veins, and in this way I cured many varicose ulcers. Mr. Mayo has, as I have been informed, employed the same practice lately, with this difference: he has not gone far enough to make a slough of the vein, but brought on some inflammation which has caused the vein to become obliterated. I tried this method in many cases, but I cannot say that I have found it answer sufficiently to make it worth the patient's while to submit to it. The application of the caustic was very painful, the slough took a long time to separate, the sore took a considerable time to heal, and though one cluster was cured, other clusters appeared. Altogether it was a very tedious process, and my own experience does not lead me to recommend it.

Then I contrived another method. Though there is danger in cutting across large veins, or in tying them, there does not appear to be any danger which can be appreciated from the ligature of smaller veins. Piles are nothing originally but varicose veins; now I have performed operations for internal piles, I cannot tell you how often, for there is nothing in the practice of surgery more common; but I have never yet seen a patient have venous inflammation arising in consequence.

We frequently cut across small veins in operations, and they are divided by accident, but we never find venous inflammation supervening. Although there may be danger from operations on the vena saphena major, we have no right to expect danger from operations on the smaller veins. I contrived, then, the following method. Supposing that I intend to cure a particular cluster of veins, I use a sharp-pointed bistoury, which cuts, not like a common bistoury, on the concave, but on the convex edge. I puncture the skin with this instrument on one side of the varicose cluster; I carry the blade under the skin, between it and the varicose veins, over to the other side of the cluster; and having carefully performed this part of the operation, the skin over it remaining entire, except where the first puncture was made, I turn the edge of the instrument backwards, and drawing it out, cut across the cluster. A good deal of hæmorrhage follows, but the pressure of a compress commands it, and a bandage is applied afterwards. The wound, in most instances, heals by the first intention. The varicose veins are obliterated, and usually in a few days the patient suffers no inconvenience from the operation. However, in some cases, the wound suppurates, instead of healing by the first intention, which protracts the cure. Then, in other cases, a remarkable occurrence took place. Although I was satisfied that the cluster was divided, the disease was not cured. It seemed as if the veins healed without being closed. As the ductus chole-

dochus, or the intestinal canal, will heal after the application of a ligature, without the continuity of the canal being destroyed, so it appeared that the continuity of the canal of the veins was not in every instance obliterated.

This was a very easy and a very safe method of curing varicose veins, yet we hardly ever perform this operation now; for, with my present stock of experience, it really seems to me that there are very few cases in which it is worth the patient's while to submit to it. I have always observed that if I have cured one cluster, two smaller ones have appeared, one on each side, so that ultimately I left the patient no better than I found him.

The operation, however, is proper where there is a varicose cluster much distended, and liable to burst and bleed. Here you may actually save the patient's life by having recourse to it; and you may do so without considering whether fresh clusters are or are not likely to form afterwards. Sometimes when there is a varicose cluster above and below on which a varicose ulcer depends, you get the ulcer to heal sooner than it otherwise would by dividing the cluster. I do not recommend this generally in cases of varicose ulcer, but only every now and then where there is unusual difficulty in getting it to heal. I generally observe that it heals sooner if you divide the cluster below than the cluster above. Then there are some cases where a varicose cluster is productive of an unusual quantity of pain, apparently in consequence of their being some nervous filament lying over it which is kept on the stretch. There you may relieve the patient from the pain of the particular cluster by the division of it. But these occasions are of rare occurrence; and under other circumstances I really do not think that it is worth the while of any patient to submit to the operation.

I ought not to take leave of the subject which is before us, without referring to a very ingenious method of obliterating varicose veins, which has been lately adopted by M. Velpeau, of Paris. He introduces a pin or needle through the skin, which is passed underneath the vein, and at right angles to it. A twisted suture is then applied round the two ends of the pin, so as to compress the vein sufficiently to produce its obliteration. I cannot, from my own experience of this practice, say any thing of its advantages; but must acknowledge that it seems not improbable that it may be preferable to the other methods of which I have given you a description. Still, the observations which I have made as to these other methods, apply equally to this. It may be useful in certain cases, and under peculiar circumstances; but I can see no reason to believe that you would be justified in having recourse to it on ordinary occasions.—*Med. Gaz.*

Diagnosis of Diseases of the Uterus,

By DR. ASHWELL,

(Continued.)

EXAMINATION BY THE SPECULUM.

It does not come within the scope of this paper, to give the history of the speculum. It may suffice to observe, that, by its use, the eye, as well as

the finger, is made to assist in the diagnosis of organic diseases of the neck and orifice of the womb: for while the touch enables us to recognise structural changes in the bulk, firmness, and sensibility of these parts, the sight rectifies and perfects an erroneous or incomplete opinion by shewing the *nature and limits of ulceration, excoriation or eruption*, the *appearance* of the cervix and vagina in various stages of disease, and the *colour and consistency* of the accompanying discharges.

The best and most easily used speculum is made of tin, with an inner, highly-polished surface. There need be no division in the cylinder, and the complicated screw is not required. I have, for hospital use, a series of these conical tubes, of various sizes; and the previous introduction of the finger into the vagina enables me to select the right-sized speculum. The length of the tube should be from five to seven inches, and it may or may not have a handle: on the whole, it is, perhaps, more readily used without one. The strong light of the sun is the best for these examinations, but a candle is an excellent substitute.

The rules prescribed for the introduction of obsteric instruments into the vagina will serve here. The labia being widely separated, the speculum is to be carefully and slowly passed, backwards and downwards, towards the point of the coccyx. The principal obstacle is at the entrance of the vagina: for when the resistance of its sphincter is once overcome, the speculum will easily traverse the rest of the canal. Care must be taken that the transverse portion of mucous membrane, placed posteriorly, called the fourchette, is not stretched and carried forward by the instrument, as great pain and difficulty in the introduction will be the result.

The position of the neck is occasionally changed, being placed more forward or posteriorly than natural. To obviate this difficulty, and to bring the cervix within the end of the tube, the speculum must be elevated or depressed. Sometimes, from spasmodic contraction, induced by the passing of the cylinder, a fold of the mucous membrane of the vagina is forced into the aperture of the speculum, and may be mistaken for the cervix: the least movement, however, of the instrument will cause the slipping away of the portion thus placed; and the recognition of the neck, which is glandular, smooth, and without rugæ, and paler than the vagina, is not difficult.

The whole circumference of a very large cervix cannot be examined at once: the position of the speculum requires attention; and if the parts are not morbidly sensitive, the instrument is easily and safely turned in the vagina: this caution is important; as very lately I overlooked a rather large ulcer on the inferior and posterior surface of the neck, from a neglect of it.

We may, then, by the speculum, accurately ascertain the different external morbid conditions of the cervix and its orifice; and in many instances where the os is entirely or even partially open, the nature and extent of disease affecting the cavity of the neck may be readily known. And although the structural changes of the body and walls of the uterus do not admit of elucidation by the speculum, still the growths of its lining membrane are not entirely beyond the reach of its diagnostic agency: for if large, they will descend towards the orifice of the viscus; and if ulceration affect the uterine cavity, it is most probable that it will eventually

reach the neck, and thus be brought within the scope of the speculum.

In health, the cervix uteri is, externally, of pale colour, having the aspect of polished skin; and it is easily distinguished from the lining membrane of the vagina, which, from its different structure and greater supply of blood, has a much deeper tint of red. These parts are naturally covered with a thick mucus;—a fact of importance, as, if it be not removed by lint or a soft brush, abrasions or ulcerations, being thus obscured, might be overlooked.

Valuable as is the speculum, its use has been indiscriminately and unnecessarily urged. In slight cases of uterine irritation and leucorrhœa, its employment is prejudicial; while, in leucorrhœal discharges of long standing, and in menorrhagia of months' and years' continuance, its introduction cannot be too strongly recommended: for it must never be forgotten, that these maladies rarely exist long, without more or less of organic change. If there be a suspicion of structural mischief about the lower part of the uterus, there ought to be no delay, not only in touching, but in seeing the seat of the suspected disease.

There are circumstances which entirely forbid the employment of the speculum. In very young and very old persons, its introduction is difficult, and sometimes altogether impossible, without laceration. The hymen in the young, and the great shrinking and contraction of the vagina in aged women, present obstacles so serious, that the use of the speculum ought to be given up, unless the necessity be extremely urgent. I have several times found membranous bands stretching across the vagina, and contractions of its caliber from cicatrices, which would have entirely impeded the passage of the instrument. There was lately an out-patient of mine at Guy's, whose vagina was so funnel-shaped at its upper part, as to preclude my touching the os or cervix, except by a probe, introduced through the minute aperture at the apex of the funnel by which the catamenia escaped from the uterus. Steatomatous tumours occupying the walls of the vagina, ovarian growths in the recto-vaginal septum, polypi, deep ulcerations of the vagina or neck of the uterus, large cauliflower excrescences, or bleeding fungi, all contra-indicate the use of the speculum. When the neck is inflamed, or much congested, or where the vagina is excessively sensitive, the introduction of the speculum should be deferred, till these various morbid conditions are ameliorated.

Making every deduction, which the enthusiasm of some individuals in its favour demands, the speculum must be regarded as a most important addition to our diagnostic and curative means. It enables us not only to discover and nicely to distinguish the concealed diseases of the most complicated portion of the womb, but, by the light which it throws upon the seat of the mischief, it affords us great facilities in the exact application of our remedies. It is much to be wished that the advantages which it is capable of conferring were more early and extensively realised.

THE STETHOSCOPE

Is solely valuable, as a positive indication, where the beat of the foetal heart is heard. It is only, therefore, in those diseases of the womb where

pregnancy is suspected, that we require its aid. The "placental souffle" may be thoroughly imitated by the pressure of a tumour on the iliacs. In Petersham Ward, my attention was called, by Mr. Oldham, to two of my patients, lying within two beds of each other; the one suffering from a hard tumour of the uterus, extending towards the left side; the other, in the seventh month of pregnancy, and enduring great pain from a malignant, and, in a few weeks, a fatal disease of the external genitals. In the latter patient, the "placental souffle" was readily detected, over the greater part of the upper portion of the uterus, beating synchronously with the maternal pulse. In the former, a very distinct "bruit de soufflet," as loud, and nearly as perfect as in the pregnant patient, was perceptible. The sign did not embarrass the diagnosis, as the tumour was not fixed, and could easily be removed from the iliacs, the "bruit" ceasing with its altered position. The sound, in both cases, was nearly identical: perhaps the "souffle" of pregnancy was more prolonged, and less sharp than the other.

THE DISCHARGES.

This paper is already so much longer than was intended, that I feel unwilling to do more, than very briefly to allude to the Discharges; reserving to myself the opportunity afforded by another Number of the Reports, to enter more fully into the subject. I may, however, remark, that the uterine discharges, as well as those from the vagina, have for a long time afforded the principal means of diagnosis, where an examination was not permitted. The knowledge so derived, independently of the touch and the speculum is restricted and uncertain. A white discharge may be the attendant of so many different and even opposite conditions, that to regard it as a sure criterion of any one or two lesions would lead to frequent mistakes. To discriminate accurately between a mucous and purulent discharge is often difficult, unless indeed, both were placed together, and tests applied for each; and even then, an examination by touch and the speculum could alone determine what particular structure was affected. The prevailing notion, that a purulent discharge is yellow, and a mucous discharge white is incorrect; as the latter may assume every shade of colour between a white and a light green. Again, as the os externum is the common outlet for the morbid secretions of the entire mucous membrane of the vagina, cervix, uterus, and Fallopian tubes, each of which may be differently affected at the same time, it is obvious that an intermixture of several discharges may be submitted to our inspection, which must prevent an accurate diagnosis—*Guy's Hospital Rep.*

COMPARATIVE BILL OF MORTALITY,

From the 3rd OCTOBER to the 31st OCTOBER, 1837.

<i>Diseases.</i>	Oct. 3.	10.	17.	24.	31.	<i>Diseases.</i>	Oct. 3.	10.	17.	24.	31.
Abcess	4	1	2	—	2	Indigestion	—	—	—	—	—
Age and Debility	40	28	19	17	66	Inflammation	18	17	19	4	16
Apoplexy	5	2	4	2	9	Inflammation of }	5	—	3	4	7
Asthma	6	4	3	6	1	the Brain					
Cancer	2	1	—	1	2	— of Bowels and }	5	—	4	2	2
Childbirth	—	1	—	2	2	Stomach					
Cholera	—	—	—	—	—	— of the Lungs }	7	1	3	2	1
Consumption	55	40	43	33	57	and Pleura					
Constipation	—	—	1	—	1	Influenza	1	2	—	—	1
Convulsions	27	12	21	16	43	Insanity	2	2	5	—	2
Croup	1	1	1	1	1	Jaundice	—	—	—	—	4
Dentition or Teething	9	8	4	2	7	Liver, diseased	1	3	1	—	1
Diabetis	—	—	—	—	1	Locked Jaw	—	—	—	—	—
Diarrhæa	2	2	1	2	2	Measles	11	3	8	9	12
Dropsy	12	3	12	7	19	Miscarriage	—	—	4	1	—
— in the Brain	8	8	9	5	9	Mortification	5	1	3	1	3
— in the Chest	1	1	—	—	1	Paralysis	3	2	1	1	2
Dysentery	—	—	—	—	—	Rheumatism	3	1	—	—	—
Epilepsy	—	—	—	1	2	Scrofula	—	—	—	—	2
Erysipelas	1	1	2	1	2	Small Pox	3	1	3	3	9
Fever	16	13	9	11	16	Sore Throat & Quinsey	—	—	—	—	—
— Intermittent, }	—	—	—	—	—	Spasms	1	—	—	—	1
or Ague						Stone and Gravel	—	—	—	—	—
— Scarlet	1	2	3	1	9	Stricture	—	—	—	—	—
— Typhus	9	5	6	2	14	Thrush	1	1	2	—	—
Fistula	—	—	—	—	—	Tumor	—	1	—	2	2
Gout	—	—	—	—	—	Venereal	1	—	—	—	—
Hæmorrhage	—	1	1	—	—	Unknown Causes	11	11	6	13	134
Heart, diseased	2	2	3	1	4	Worms	—	—	—	—	—
Hernia	—	—	—	—	—	Casualties	9	5	5	4	9
Hooping Cough	7	4	6	2	3						
Hydrophobia	—	—	—	—	—						
						<i>Total</i>	299	191	217	139	481

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